



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services

2425 Reedie Drive, 9th Floor, Wheaton, MD 20902

Phone: 240-777-3986 / Fax: 240-777-3088 or 240-777-4531

www.montgomerycountymd.gov/licensure

Group Home License Application Instruction Checklist

(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

NEW Application for Elderly and Non-Elderly Group Homes

*Group Homes in Montgomery County with 3 to 16 residents require **BOTH** a Montgomery County and a State of Maryland license. According to Montgomery County Code, Chapter 23A-8(a) "A building must not be advertised or used as a group home until the Director issues an annual license. A building must not be advertised or used as a group home after a license has expired or has been revoked or suspended."*

Step 1-Review **Montgomery County Code, Chapter 23A** or visit our office at the address listed above, to purchase a Group Home packet, which contains Chapter 23A. The cost is **\$5.00**.

Please **check ALL** appropriate boxes to confirm items submitted with your new application. **Any incomplete application packet will delay the licensing process.**

❖ Submit **ALL** the following documents with your **new** application:

- Montgomery County Group Home License Application
- Fees (per bed): **\$60.00 (Elderly)** or **\$50.00 (Non-Elderly)**
- Emergency Contact Form (**Attachment A**)
- Complaint Procedure (**see Attachment B for guidelines**)
- Use and Occupancy Permit, if required by the county or the jurisdiction.
- Fire Approval Report **AND** Board and Care Fire Permit. All applicants are required to arrange for a fire inspection from their local jurisdiction.
- If you have a well and septic system, provide proof that you have paid Permitting Services for your inspection.
- Program Statement which describes **each** of the following items from Chapter 23A-9(d).
(You may substitute equivalent policies sent to the State agency for this requirement)
 - The program purpose, goals, and objectives
 - The means to accomplish the goals and objectives
 - The needs and capabilities of the population served
 - The proposed budget, resources, and procedures to meet those needs
 - The proposed operating methods and procedures for medication management, transportation, social and recreational services, 24 hour supervision, personal care services, and food service
 - Client admission and retention criteria
 - Qualifications and experience of the applicant and personnel operating the group home
 - Emergency Preparedness that includes evacuation plans for all disasters, alternative location for continued operations, and a signed letter from the alternative location.

Step 2- (Elderly)

To obtain a **State Assisted Living** license (see below):

- After completing the Montgomery County application process, call the Maryland Department of Health and Mental Hygiene, Office of Health Care Quality at: **410-402-8217** to request an application or go online to the website below and click link Assisted Living.
- A person may not operate an Assisted Living Program in the State of Maryland for **2 or more residents** without obtaining a **State License**. Their website is: www.dhmf.state.md.us/ohcq
- Mail the original **State Assisted Living** application and documentation to:

**Office of Healthcare Quality
Maryland Department of Health
7120 Samuel Morse Dr. 2nd floor
Columbia, MD 21046**

Step 3- (Non-Elderly)

You must submit applications to the State Agency listed below before submitting your Montgomery County application.

To obtain a **State** license (see below):

- Before submitting your application to Montgomery County Licensing Office for a Group Home license for Individuals with Mental Illness, call the Montgomery County local Behavioral Health Authority at **240-777-1400** or call the Maryland Office of Health Care Quality at **410-402-8060** or (toll free **1-877-402-8220** or go online and click link Mental Health.
- Before submitting your application to the Montgomery County Licensing Office to obtain a license to care for Minor Children, you must first attend an informational session by registering online at the Maryland Governor's Office for Children at www.goc.state.md.us and click group homes or single point of entry. You will only be able to register if the State has determined there is a current need for such homes.

Please sign, date, and return completed form along with your application and payment to our office. Failure to submit each applicable item will delay the application process.

Review and Sign Statement below:

I have submitted all of the information as indicated on this checklist, and confirm all items submitted with this Group Home application are accurate and current.

Signature: _____

Printed Name: _____

Date: _____



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Group Home License Application (New)

Application is hereby made for a license to operate a Group Home in Montgomery County, Maryland
(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

TODAY'S DATE: _____

[] NEW [] CHANGE OF OWNERSHIP [] CHANGE IN LOCATION

[] FACILITY NAME CHANGE: _____ (previous name)

GROUP HOME TYPE: [] ELDERLY / \$60 per bed [] NON-ELDERLY / \$50 per bed (select type below)
[] MINORS or [] CHRONICALLY MENTALLY ILL

GROUP HOME/ FACILITY:

NAME: _____

ADDRESS: _____ Street Number and Street Name City State Zip Code

TELEPHONE: _____ FAX: _____

WATER SOURCE: [] WSSC/City [] Well SEWAGE DISPOSAL: [] WSSC/City [] Septic

OCCUPANCY:

NUMBER OF OCCUPANTS WHO CLAIM THE HOME AS THEIR PLACE OF RESIDENCE:

RESIDENTS (Number of licensed beds): _____ (Add numbers down)
NUMBER OF LIVE IN EMPLOYEES + _____
OTHER (Children, Family, or others residing on the premises) + _____
TOTAL (NUMBER OF ALL OCCUPANTS WHO CLAIM RESIDENCE): = _____ Number of rotating staff (non-occupants): _____

THE STATE LICENSING AGENCY FOR THE GROUP HOME: _____

COMPANY/ CORPORATION:

NAME: _____ FEDERAL TAX ID: _____

ADDRESS: _____ Street Number and Street Name City State Zip Code

TELEPHONE: _____ FAX: _____

EMAIL: _____

PRINT NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY
Receipt No.: _____ Date Received: _____ Staff Initial: _____
Amount Paid: _____ Check/Money Oder No./Credit Card: _____

PAYMENT INFORMATION

Payment Method: Check Money Order Visa MasterCard

Make checks or money orders payable to “**Montgomery County, Maryland**”. Cash is not accepted.
Credit card payments may be faxed to 240-777-3088 or 240-777-4531.

Credit Cardholder’s Name (printed): _____

Amount Charged: \$ _____ Credit Card No: _____

Exp. Date: _____ 3 Digit Security Code (required) _____

I agree to pay the indicated total amount according to card issuer agreement:

CARDHOLDER’S SIGNATURE: _____

EMERGENCY CONTACT INFORMATION

GROUP HOME APPLICANTS (NEW)

Completion Date: _____

Group Home Licensee:

In the event of a county-wide emergency we may need to contact each group home in Montgomery County. *Please provide the group home owners contact information or after hours' emergency contact.

PRIMARY CONTACT PERSON:

Name: _____

Position / Title to the Business: _____

Address: (*personal*) _____

Phone: home: _____ cell: _____

Email: _____

SECONDARY CONTACT PERSON:

Name: _____

Position / Title to the Business: _____

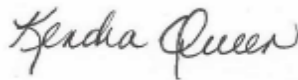
Address: (*personal*) _____

Phone home: _____ cell: _____

Email: _____

Please notify me in writing or contact me directly at 240-777-1063, if any of the information above changes. Thank you in advance for your cooperation

Sincerely,



Kendra Queen
Group Home Licensing Coordinator



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CHECKLIST FOR THE PROGRAM STATEMENT REQUIREMENTS FOR NEW HOMES

Montgomery County Code, Chapter 23A-9(d) requires a **Program Statement (policies)** for new group homes and it must describe the following listed below. **Please check each box and return all listed policies with your application.**

- program purpose, goals and objectives;
- means to accomplish the goals and objectives;
- needs and capabilities of the population to be served;
- proposed budget (**an actual budget**), resources, and procedures to meet those needs;
- proposed operating methods and procedures for medication management, transportation, social and recreational services, 24 hour supervision, personal care services, and food service;
- client admission and retention criteria;
- qualifications and experience of the applicant and the personnel operating the group home (**a resume**); and
- emergency preparedness that includes: evacuation plans for all disasters, the alternative location for continued operations, and a signed letter from the alternative location preferably on their business letterhead.

Signature: _____

Date: _____



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Complaint Procedure Guidelines **For Renewals and New Homes**

Montgomery County Code, Chapter 23A, requires Group Home licensure applicants to provide the Department of Health and Human Services with “the steps the staff Director will take to receive, investigate, and respond to inquiries and complaints from residents and non-residents”.

A ***Complaint Procedure*** **must** accompany **NEW** and **RENEWAL** Group Home licensure applications and is subject to approval by the Licensure & Regulatory Office.

To expedite your license application these guidelines have been created to assist you.

Please include **ALL** the following in your procedure and return with your application:

- How resident and community complaints will be addressed?
- Name(s) of staff authorized to receive complaints from residents and non-residents.
- Timeframe for the licensee to investigate complaints (no longer than 30 days).
- How the licensee will inform the complainant of the investigation results.
- How the license will attempt to resolve complaints?
- **List the County and State licensure agencies**, phone numbers and addresses to contact if complaints are not resolved satisfactorily, including the Licensure & Regulatory Office.
- Any complaint that has not been resolved to the complainant’s satisfaction should be forwarded in writing to the Licensure & Regulatory Office.