
ADULT MEDICAL DAY CARE (AMDC) APPLICATION

INSTRUCTIONS FOR COMPLETION

Incomplete applications will be returned. Prior to submitting the application, ensure it includes all required information, related required documentation, and the fee.

APPLICATION FOR LICENSE

Before completing an application review the FAQs for Adult Medical Day Care Licensure on the Licensure page of the OHCQ's AMDC webpage (http://dhmh.maryland.gov/ohcq/SitePages/FAQ_AMDC.aspx).

An AMDC program may not be operated without obtaining a license and complying with the requirements of COMAR 10.12.04 and other applicable State and local laws and regulations. Failure to comply is grounds for sanctions.

To obtain a license, a complete application form must be submitted with all related required documentation and the licensure fee. (See below section: Required Documentation - Initial Application.)

The current license shall become void immediately and the licensee shall return the license to the Secretary if the center is sold or leased; ceases to operate; moves to a new permanent location; or has its license denied, suspended, or revoked. If there is a change in ownership, the current licensee shall notify the OHCQ and the new owner shall apply to the OHCQ for a license.

Any part of the center and any surrounding accessory buildings are considered part of the center and are subject to inspection.

RENEWAL; CHOW, BED INCREASE or DECREASE; MERGER; RELOCATION

To renew a license, a complete application form must be submitted with the licensure fee. An on-site re-licensure survey will be conducted.

FEE

The non-refundable 2-year application fee is:

\$200 PLUS
\$12 per participant

The application fee must be submitted with the application. Make the business check, cashier's check, money order, or personal check payable to: "DHMH." Starter checks will not be accepted.

The application fee includes a maximum of two pre-licensure site visits by the OHCQ. If a facility is not in compliance with COMAR 10.12.04 and requires the OHCQ to conduct more than two on-site pre-licensure visits, the OHCQ may charge \$100 per additional on-site visit.

REQUIRED APPLICATION SECTIONS

General Information
Fees
Ownership
Workers' Compensation
Affidavit

REQUIRED DOCUMENTATION - INITIAL APPLICATION

1. Zoning Approval
 2. Building Approval
 3. Use and Occupancy Permit
 4. Food Service Permit
 5. Fire Approval
 6. Labs Approval
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7. Local Health Department Approval (if applicable)
 8. If your program does not have workers' compensation insurance **AND** does not have any employees, submit a Letter of Exemption (sole proprietorships or partnerships) or Certificate of Compliance (corporations or LLCs) from the Certificate of Compliance Coordinator at the Workers' Compensation Commission, 410-864-5100 or via e-mail at COC@wcc.state.md.us.
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CODE OF MARYLAND REGULATIONS (COMAR) 10.12.04

To obtain a copy of the regulations:

- A. Visit the Division of State Documents website at www.dsd.state.md.us;
 - B. Call the Division of State Documents at 410-974-2486 x3876 or 800-633-9657 x3876; or
 - C. Visit your library (click this link to find the closest location: www.dsd.state.md.us/Depositories.aspx).
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FREQUENTLY ASKED QUESTIONS

In Section 1, "Legal Name" means the full name of the owners in a sole proprietorship or partnership, or the legal name assigned to a corporation or LLC in the certificate of formation.

In Section 1, "Trading Name (DBA)" means the business trade name, also known as the Doing Business As name. If a corporation owns XYZ AMDC, the corporation's name is the legal name, and XYZ AMDC is the trading name.

QUESTIONS

Please contact us at 410-402-8217 or AMDC.Help@maryland.gov for questions related to the application.

SEND COMPLETED APPLICATION TO:

Adult Medical Day Care Program
OHCO
Bland Bryant Building
Spring Grove Hospital Center
55 Wade Avenue
Catonsville, MD 21228
