**§ 58-64A-185. Application.**

(a) No person shall arrange or provide continuing care at home unless licensed by the Commissioner pursuant to this Article. Only a provider who has obtained a permanent license or a restricted permanent license pursuant to this Article may apply to the Commissioner for a continuing care at home license. The application shall include all of the following:

(1) An application fee of five hundred dollars ($500.00).

(2) A draft amended disclosure statement containing a description of the proposed continuing care at home program, including the primary market area to be served, the types of services to be provided, and the fees to be charged.

(3) A copy of the proposed continuing care at home contract.

(4) An actuarial study prepared in accordance with accepted actuarial standards of practice which estimates when the continuing care at home program is projected to be in satisfactory actuarial balance. Providers who do not collect entrance fees or some other type of up-front prepayment of costs are exempt from this requirement and shall only be required to submit an actuarial projection of future population flows and adult care home bed and nursing bed needs using appropriate mortality, morbidity, withdrawal, occupancy, and other demographic assumptions, and using a projection period that extends to a point at which, in the actuary's professional judgment, the use of a longer period would not materially affect the results and conclusions.

(5) A market study prepared by a person experienced in the preparation of market studies for continuing care at home or similar programs that demonstrates sufficient interest in a continuing care at home program.

(6) Prospective financial statements prepared by an independent certified public accountant that show the financial impact of providing continuing care at home on the provider and the continuing care retirement community. The prospective financial statements shall include a statement of activities reporting the revenue and expense details for providing continuing care at home, as well as the impact the program will have on the operations of the provider and the continuing care retirement community, including the operating reserve.

(7) Evidence of the license required under Part 3 of Article 6 of Chapter 131E of the General Statutes to provide home care services, or a contract with a licensed home care agency for the provision of home care services to be provided to residents under the continuing care at home program.

(b) The Commissioner shall comply with the review schedule in G.S. 58-64A-70 in response to an application for a continuing care at home license.

(c) The Commissioner shall approve an application for a continuing care at home license if all of the following requirements are met:

(1) The application complies with this section.

(2) None of the grounds for denial listed in G.S. 58-64A-280 apply to the applicant.

(3) The applicant is able to provide continuing care at home as proposed.

(4) There is sufficient consumer interest in the continuing care at home program proposed by the applicant, as evidenced by the market study.

(5) The program proposed by the applicant will not have a detrimental financial impact on the applicant and continuing care retirement community, as determined by the Commissioner.

(d) After receiving a continuing care at home license, the provider may arrange or provide continuing care at home and shall file an amended disclosure statement with the Commissioner which contains the information regarding continuing care at home required by G.S. 58-64A-150.

(e) After the issuance of a continuing care at home license, the Commissioner shall require a provider to submit periodic reports in a form prescribed by the Commissioner to monitor the status of the continuing care at home program. (2025-58, s. 2.)