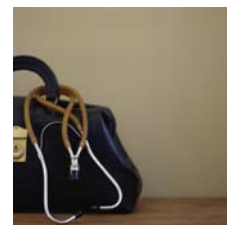

Home Health Agency (HHA) Application Process

What is a HHA?

An HHA is an agency providing skilled nursing services *and* at least one of the following other therapeutic services: physical therapy, speech language pathology, occupational therapy, medical social services, or home health aide services in the place of residence used as the patient's home.



How do I become an HHA provider?

To establish State licensure and Centers for Medicare/Medicaid Services (CMS) Medicare certification of an HHA, an applicant must request, complete, and submit an application packet. Application materials are located below, or requested through the Bureau of Facility Standards at (208) 334 - 6626.

What is included in the HHA application packet?

The application packet includes what must be submitted and approved by the Bureau of Facility Standards prior to an initial survey (items #1 - #6) and resource information related to HHAs (items #7 - #15), as follows:

1. [Application](#) for Home Health Agency License,
2. Health Insurance Benefits Agreement - CMS-1561, <http://www.cms.gov/cmsforms/downloads/cms1561.pdf>, (two originals required),
3. Fiscal year ending date [form](#),
4. Home Health Agency Survey and Deficiencies Report - [CMS-1572a](#),
5. Home Health Agency Licensure [Checklist](#),
6. "Office of Civil Rights Clearance for Medicare Certification" (OCR) [Request Form](#) and [Technical Assistance Packet](#).
7. [Appendix Q](#), Guidelines For Determining Immediate Jeopardy,
8. CMS SOM – [Chapter 2](#), Provider Certification (§2180 through §2186),
9. Home Health Agency Interpretive Guidelines, SOM [Appendix B](#),
10. State Rules, IDAPA 16, Title 3, Chapter 7, [Rules for Home Health Agencies](#) in Idaho,
11. Initial Surveys for New Medicare Providers, [CMS S&C Letter 08-03](#).

How do I complete the Licensure and Certification application?

1. If you intend to seek licensure and certification, complete the enclosed application forms (Items #1-6) along with all the information listed on the Home Health Agency Orientation Checklist and return them to this office.
2. Idaho HHA licensing rules require HHA's to be licensed prior to accepting and providing services to patients. To receive a state license, you will need to develop policies and procedures which address, but are not limited to, all State rules; and send them to this office for review *at least sixty (60) days* prior to your scheduled opening. It is also necessary to submit an organizational chart, evidence of staff professional licensure or certification, as appropriate, job descriptions, and copies of all contracts.
3. Please ensure that all questions are answered when completing the application information indicated. Please ensure:
 - ◆ There are two originals of the Health Insurance Benefits Agreement - CMS-1561A (item #2 above); *and*
 - ◆ The two-page checklist at the front of the "Office of Civil Rights (OCR) Clearance for Medicare Certification" packet (item #6 above) is completed and signed; *and*
 - ◆ For item #4, CMS-1572 form, complete all applicable items in data boxes 1 thru 22. All hand-printed applications must be clearly printed and easily readable.

Please be aware you will also need to contact Myers & Stauffer, at 1-800-263-5339, to obtain the necessary passwords to submit an OASIS test report.

To become a Medicaid provider you must complete an enrollment application online to Molina Medicaid Solutions. To submit an Idaho Medicaid provider application, go to <http://www.idmedicaid.com> (Molina Medicaid Solutions Web site). Click on the Provider Enrollment link on the left side of the page. A step-by-step guide is located under the User Guide link on the left side of the screen. We recommend you open this guide in a separate browser window before you begin your application.

To begin your application, open a new browser window at <http://www.idmedicaid.com>, click on the Provider Enrollment link on the left side of the page and then click on the New Provider Enrollment Application link in the center of the page. The new enrollment online application is simple to navigate and online help

text appears for each field when you hold your cursor over the field. Additional provider enrollment help is available at (866) 686-4272 choose option "0." This is a completely separate process from applying for Medicare certification and state licensure.

Medicare/Medicaid reimbursement is not retroactive and usually becomes effective only after the survey is completed and you are in compliance with *all* regulations or have submitted an acceptable plan of correction.

Where do I send my completed Licensure and Certification application materials?



The application materials may be submitted by mail and/or hand delivered.

PLEASE KEEP A COPY FOR YOUR RECORDS.

1. If you are mailing the application packet, mail to:

Department of Health and Welfare
Bureau of Facility Standards
P.O. BOX 83720
BOISE, ID 83720-0009

2. If you are hand delivering the application packet, deliver to:

Department of Health and Welfare
Bureau of Facility Standards
3232 Elder Street
Boise ID 83705

What happens after I submit my Licensure and Certification application materials?

Bureau of Facility Standards staff will review the materials submitted. If the application is incomplete, or if there are questions, Bureau staff will contact you. Once the application materials have been approved an Idaho home health license will be issued. Please see below for additional information related to the CMS-855A.

Upon issuance of an Idaho home health license your agency may admit patients and begin to provide services. When you notify the Accrediting Organization or Department that you have ten (10) patients, seven (7) of which are active, and you

have successfully transmitted a test OASIS submission; you will receive an initial survey. An on-site Medicare initial certification survey must be completed by an Accrediting Organization.

Upon successful completion of the initial survey, the Department will recommend to CMS that you be given a Medicare provider number. You will not be able to bill and receive reimbursement until the Medicare provider number is issued.

Medicare reimbursement is not retroactive and usually becomes effective only after the survey is completed and you are in compliance with *all* regulations or have submitted an acceptable plan of correction.

How long will the Certification process take?

The length of the HHA application for initial Licensure and Certification process varies dependent on multiple factors such as whether the application is complete, whether additional information needs to be submitted, current work load and availability of resources necessary to complete the application review etc. Therefore, it is not possible for the Bureau of Facility Standards to establish specific timeframes.

Additionally, please be aware that due to limited staff resources, and the need to accomplish higher priority work to meet our contractual agreement with CMS, this office is unable to complete initial certification surveys, now or in the foreseeable future. You are encouraged to consider achieving Medicare certification of the HHA through an accrediting organization (AO) and requesting deemed status. Please refer to the above CMS letter, S&C 08-03, dated November 5, 2007 (item #15 above), and related instructions and contact information regarding this process.

If you choose to receive an initial Medicare deemed status survey by an AO, please forward to this office a copy of 1) the AO survey along with any plan of correction submitted in response to the survey and 2) the letter from the AO to you verifying accreditation. Once this information has been received the Bureau of Facility Standards will process the Medicare certification on to the CMS Region X Office, Seattle, Washington, for final review and approval.

How do I get paid for providing services?

CMS requires new home health agency applicants to complete the form *CMS-855A, Medicare Application for Health Care Providers that will Bill Fiscal Intermediaries*, and forward it to the fiscal intermediary for approval. The form CMS-855A can be accessed on the Internet or requested directly from your fiscal intermediary at the following link:

<http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf>

Read the instructions on the web site and obtain the form by clicking on the version you will need for your computer. Be sure to choose: *Health Care Providers that will Bill Medicare Fiscal Intermediaries (CMS 855A)*

National Government Services
Provider Enrollment
P.O. Box 7143
Indianapolis, IN 46207-7143
805/367-0734
www.ngsmedicare.com

Form CMS-855A contains background, contact, service, and provider or supplier information that is essential to the approval process. The applications are reviewed and recommended for approval or denial by the Fiscal Intermediaries (FIs) or Medicare Administrative Contractors (MACs) under contract with the Centers for Medicare & Medicaid Services (CMS).

To aid you in obtaining approval in a timely manner, please provide the following information with the CMS-855A form:

- The projected number and type (skilled nursing, physical therapy, etc) of visits for the first three months of operation and the projected number and type of visits for the first year of operation;
- Whether the agency is free-standing or provider based;
- Geographic location of your agency;
- Proprietary vs. nonproprietary nature of your agency; and
- Any additional information which will enable the enrolling fiscal intermediary to properly compare the applying home health agency with other similarly situated and sized home health agencies that it services.

Additional information

For additional information please access the website and reference information below or contact the Bureau of Facility Standards at (208) 334-6626 or email questions to fsb@dhw.idaho.gov.

Bureau of Facility Standards Informational Letters

<http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=6iaaigjx95E%3d&tabid=427&mid=2704>

Centers for Medicare & Medicaid Services

<http://www.cms.gov/>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD ARMSTRONG – Director

BUREAU OF FACILITY STANDARDS
DEBRA RANSOM, R.N., R.H.I.T. – Chief
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

FISCAL YEAR ENDING

FACILITY NAME:

FISCAL YEAR END DATE:

OWNER/ADMINISTRATOR

DATE

Bureau of Facility Standards

Home Health Agency Licensure Checklist

NAME OF HOME HEALTH AGENCY:

ANTICIPATED DATE OF OPENING:

Use this tool to track your submission and completion of each of the following required steps. All items need to be submitted to this office forty-five (45) days prior to licensure.

_____ Articles of Incorporation/Bylaws

_____ For all service to be provided, evidence (copy of staff professional license, current CPR card, etc.) that staff meet the necessary qualifications, licensure, and training requirements. Please use the attached personnel form as a check-off list for information gathered. Submission of the completed personnel form alone will not suffice. Verifying documents must be included.

_____ Contracts, which include items found in **IDAPA 16.03.07.021.h**, *signed by both parties*, for each service to be provided under arrangement.

_____ Complete Table of Organization for the HHA, to include specific staff names and job titles.

_____ Admission packet provided to patients including information dispensed related to Advance Directives, filing a complaint or grievance, and patients' rights and responsibilities.

_____ Policies and Procedures sufficient to meet all IDAPA Rules including:

- Governing Body: Identifying who constitutes the governing body and defining governing body responsibilities as found in **IDAPA 16.03.07.020.01-.03**.
- Patient Rights: Insuring that **all** patients' rights, found in **IDAPA 16.03.07.020.04.a-d**, are honored.
- Home Health Aide: Including the assignment and supervision of home health aides by a registered nurse or therapist as indicated in **IDAPA 16.03.07.024.04 and .05**.
- Agency evaluation: Identifying who constitutes the group of professional personnel. Defining the role and responsibilities of the group to the agency for policy and procedure review and agency evaluation as specified in **IDAPA 16.03.07.040**.

- Clinical Records: Outlining the contents of the medical record to include items found in **IDAPA 16.03.07.031.02**. Policies and procedures must be developed for the following: to ensure clinical records are in ink, suitable for copying, retrievable during business hours, to allow for retention of records even if the agency is no longer in business, and to describe the process for the disposal of records. Refer to **IDAPA 16.03.07.031.03-.09** for specific items to be addressed.
- Clinical Record Review: Refer to **IDAPA 16.03.07.050** for the exact requirements for record review audit.
- Personnel Records: Outlining items to be maintained in each personnel file as found in **IDAPA 16.03.07.021.e**. This must include a criminal background check if appropriate in accordance with **IDAPA 16.03.07.009**.
- The Policy and Procedure Manual must be developed and approved by the Governing Body. Contents of the manual must address the items found in **IDAPA 16.03.07.023**.

_____ Job description/responsibilities of the Administrator which address the items in **IDAPA 16.03.07.021.03. a-d and f-o**.

_____ Job description, qualifications and responsibilities of the Director which address the items in **IDAPA 16.03.07.022**.

_____ Job description, skills checklist and qualifications/licensure of the Professional Nurse which address the items in **IDAPA 16.03.07.024.01**.

_____ Job description, skills checklist and qualifications/licensure of the Practical Nurse which address the items in **IDAPA 16.03.07.024.02**.

_____ Job descriptions, skills checklists and qualifications/licensure for Therapy Services which address the items in **IDAPA 16.03.07.025**.

_____ Job description, skills checklist and qualifications/licensure for Social Services which address the items in **IDAPA 16.03.07.026**.

_____ Job description, skills checklists and qualifications/licensure for the Home Health Aides which address the items in **IDAPA 16.03.07.024.03**.