
AMBULATORY CARE: HOME HEALTH AGENCY (HHA) 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

Once all required application paperwork, including appropriate approvals (Certificate of Need and CMS-855), and the fee is received, an OHCQ representative will contact your program to schedule a date for an on-site State licensure inspection. A State license will be issued based on the results of the on-site inspection.

Be advised that an on-site Medicare inspection cannot be made until:

1. The CMS-855 has been reviewed and approved by Centers for Medicare and Medicaid Services (CMS);
 2. A minimum of 10 patients have been served with at least 7 of the 10 required patients receiving care from the HHA at the time of the initial Medicare survey; and
 3. A prior State licensure inspection has occurred and resulted in a State license being issued.
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RENEWAL

Be advised that unannounced on-site recertification and complaint investigation surveys are being conducted by the OHCQ.

Community Health Accreditation Program's (CHAP's) approval as an accrediting organization means that effective July 1, 2009 HHAs currently accredited by CHAP are deemed to comply with Maryland State licensure requirements and are exempt from routine surveys conducted by the OHCQ. For a HHA to be deemed in compliance, the OHCQ must have received the HHA's currently applicable CHAP survey results prior to the time of licensure renewal.

FEE

The non-refundable application fee is \$350.

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.

REQUIRED APPLICATION SECTIONS

General Information

Fees

Ownership

Background

Workers' Compensation

Home Health Agency

Affidavit

Addendum - Branch Offices

REQUIRED DOCUMENTATION - INITIAL APPLICATION

1. A copy of the Certificate of Need (CON) approval from the Maryland Health Care Commission. (A CON review can be requested by calling 410-764-3460.)
 2. Medicare forms completed in triplicate with original signatures. (The Medicare General Enrollment Booklet (CMS-855) can be obtained by contacting your Fiscal Intermediary, 877-235-8073. Any questions regarding the booklet should be directed to Cahaba at 1-877-299-4500 or www.cahabaqba.com.)
 3. If the facility is accredited and/or deemed, the facility must submit a copy of the accreditation and/or deemed status letter.
 4. If the Administrator, Service Director, or Nursing Supervisor is new to the position since the last application, attach that person's resume.
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5. 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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JOB TITLES

1. Administrator is defined in COMAR 10.07.10.02B(1).
 2. Service Director is defined in COMAR 10.07.10.10A.
 3. Nursing Supervisor is defined in COMAR 10.07.10.10B.
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CODE OF MARYLAND REGULATIONS (COMAR) 10.07.10

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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QUESTIONS

Please contact 410-402-8040 or visit the OHCQ website at <http://dhmh.maryland.gov/ohcq> for questions related to the application.

SEND COMPLETED APPLICATION TO:

Ambulatory Care Program
OHCQ
Bland Bryant Building
Spring Grove Hospital Center
55 Wade Avenue
Catonsville, MD 21228
