
AMBULATORY CARE: RESIDENTIAL SERVICE AGENCY (RSA) SKILLED NURSING AND AIDES 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

The licensure process includes an on-site survey of your agency.

RENEWAL

Submit your renewal application, additional required information, and licensure fee 30 days before your license expiration date. If your license is not renewed before the expiration date, the OHCQ will consider your agency terminated and Medicaid will be notified.

If you do not intend to renew your license, you must return your operating license to the OHCQ.

An unannounced on-site inspection of your facility may be performed to determine compliance with RSA requirements.

If you are operating an unlicensed RSA program, your Medicaid provider number and reimbursement are in jeopardy of termination.

UPGRADING YOUR LICENSE

If you request to upgrade your RSA license, submit to the OHCQ for review and approval:

1. A completed application with required \$50 fee;
2. Policies and procedures per COMAR 10.07.05;
3. A sample personnel file; and
4. A sample client record.

An on-site survey will be required before the request can be granted. This process can take up to six months.

FEE

The non-refundable application fee is \$2100.

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

RSA - Skilled Nursing & Aides Only

Affidavit

Branch Offices

REQUIRED DOCUMENTATION - INITIAL APPLICATION

1. An organizational chart that includes all positions with the name of the person in that position.
 2. Policies and procedures, criminal background checks, and a business plan as required by COMAR 10.07.05.
 3. A sample personnel file.
 4. Sample patient files for adult and pediatric patients (if applicable).
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5. The Scope of Services to be provided by the agency, including services to be provided, geographic area of services, accepted referral sources, and accepted payer sources.
 6. 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. For information call 410-864-5100 or via e-mail at www.wcc.state.md.us.
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REQUIRED DOCUMENTATION - RENEWAL APPLICATION

1. A list of licensed and non-licensed personnel (if applicable). Identify positions held and licensed supervisory personnel. Be sure to include license/certification verification from the appropriate regulatory board.
 2. A list of all Medicaid programs that your company has contracts with.
 3. Any substantive changes in your policies and procedures since the last licensure cycle.
 4. A completed RSA Annual Data Collection Survey (which can be found in the Addendum section of the Ambulatory Care Application).
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PROVISIONAL LICENSES

Due to budgetary constraints, the issuance of provisional licenses will be delayed up to 9 months. New RSAs or current RSAs that want to upgrade their license may forward their request and required additional information, but there will be a delay of up to 9 months. If you know of patients who are in need of services please advise them to go to our website for a listing of currently licensed RSAs.

Upon receipt of written approval from the OHCQ, implement required policies and procedures, market for the required 3 – 5 clients as well as personnel, and then submit:

1. The signed Statement of Readiness;
2. A copy of the signed contract between your company and the RN that you've hired;
3. A list of licensed and non-licensed personnel (if applicable). Identify positions held and licensed supervisory personnel. Be sure to include license/certification verification from the appropriate regulatory board; and
4. A completed organizational chart.

At that point the 90-day Provisional License will be issued. Within 45 days you must admit 3-5 patients who will receive skilled nursing or aide services. An on-site survey will be conducted by the OHCQ nurse surveyor once you have admitted 3- 5 patients, on or after the 45th day.

The provisional license will not be extended beyond the 90-day expiration date for any circumstances (i.e. family emergencies, unable to obtain patients, etc.). Do not request an extension.

You can not apply to receive Medicaid reimbursement with a provisional license; you will need a full twelve month license.

INITIAL ON-SITE SURVEY

The initial on-site survey will include:

1. A review of the written policies and procedures for your agency;
2. Observation of clinical record management;
3. Review of personnel files;
4. Review of patient rights information provided to patients/representatives;
5. Review of internal complaint documentation;
6. Review of clinical records;
7. Interviews with agency staff;
8. Home visits or telephone interviews with patients/representatives; and
9. Review of the quality assurance plan and documentation.

If deficiencies are identified during the initial survey, you will be required to submit a written Plan of Correction (POC)

within 10 working days of receipt of the written deficiency report. Once the POC is received, an unannounced follow-up visit will be scheduled to monitor the POC implementation. Keep in mind that the temporary license will not be extended, therefore the correction dates must be within the 90 day timeframe to allow time for the follow-up visit.

All corrective action must be completed prior to the expiration date of the temporary license.

If upon receiving written notification from you that you have all of the information described above ready review and you are ready for an initial survey, and it is determined during the initial survey that you do not have and/or are not implementing the required items and policies, the survey will cease and you will be denied initial licensure.

If continuing deficiencies are identified, you will be denied a RSA license and you would be required to transfer any active patients to another agency.

CODE OF MARYLAND REGULATIONS (COMAR) 10.07.05

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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RSA HOTLINE

In accordance with State regulations, the State of Maryland has established a RSA Hotline. The purpose of the Hotline is:

- To receive complaints about local RSAs;
- To receive questions about local RSAs; and
- To lodge complaints concerning the implementation of advance directives.

The Hotline number is 800-492-6005. Voice messages can be left on the Hotline number. Written complaints may be submitted to the address at the end of the instructions or via our website at www.dhmf.maryland.gov/ohcq/SitePages/FAQs-Complaints.aspx.

BRANCH OFFICE(S)

"Branch office" means a satellite office of a RSA that is operated by the same person, corporation, or other business entity that manages the parent RSA, and that along with the parent RSA has the same:

1. Ownership tax identification number as the parent business entity;
 2. Upper-level management;
 3. Policies and procedures; and
 4. Provides services within the same geographic area served by the parent business entity.
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SUGGESTED FORMAT FOR WRITING POLICY AND PROCEDURE STATEMENTS

1. Date of approval by governing body.
 2. Title or subject of the policy. (Example: Employee Orientation)
 3. Policy statement. Describe the agency's policy on the subject. (Example: All employees shall receive orientation prior to assuming responsibilities for the position.)
 4. Purpose of the policy. Describe why the subject is important. (Example: To assure staff understand and comply with all agency policies and procedures.)
 5. Procedures. Define who, when, and where. (Example: Who will be responsible? What materials will be used? How will participation in orientation be documented?)
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SUGGESTED FORMAT FOR WRITING JOB DESCRIPTIONS

1. Date of approval by governing body.
 2. Position title. (Example: Nursing Supervisor)
 3. Position to which this job title reports. (Example: Reports to Director of Nursing)
 4. Qualifications. Educational and experience requirements. (Example: Graduation from accredited school of
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nursing. Number of years of home health experience. Number of years of supervisory experience.)

5. Credential requirements. (Example: Current license in the State of Maryland)
 6. Job responsibilities. List the tasks that the person in this position would have to perform. (Example: Perform annual performance evaluations on all licensed nurses and home health aides. Participate in quality assurance activities.)
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RESOURCES

Contact the Maryland Board of Nursing (MBON) to understand the requirements for nurse supervision of certified nursing aides and medicine aides. 410-585-1900 or 1-888-202-9861

Contact the Maryland Small Business Development Center if you have questions about how to set up a business. This agency can assist in how to start a small business, what goes into a business plan, and how to market your small business. 1-877-787-7232

QUESTIONS

Please contact 410-402-8267 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
