

Dear Applicant:

You have expressed interested in providing **Home Care Services** in Oklahoma. The Oklahoma “Home Care Act” {O.S. 63 § 1-1960 et seq.} required all home care agencies providing home care services in the State of Oklahoma to be licensed by the Department. Please complete the enclosed ODH Form 757 and return it to this office with the required attachments, accompanied with the appropriate non-refundable fee of \$1000.00 for each home care agency.

All **complete** applications are processed in the order that they are received. It is a violation of the Oklahoma Home Care Licensing Act to provide home care services prior to all successful on-site initial licensure survey; and carries and administrative penalty of up to \$10,000.00

The purpose of the initial on-site survey is to determine if your agency meets the minimum requirements to receive a home care license. Your agency must be ready for business and at the time of initial survey. All forms, documents, applications, policies, etc. must be complete and available at the time of the survey.

Required Attachments:

- A. Copy of Certification of Incorporation or Limited Liability Company (LLC)
- B. Copy of Trade Name Report (If using D.B. A.)
- C. Copy of Liability Insurance
- D. Copy of Home Care Administrator Certification
- E. Copy of Supervising Registered Nurse’s License
- F. Copy of Alternative Supervising Registered Nurse’s License
- G. Question #18 on ODH Form 757
- H. Question #19 on ODH Form 757- a bank statement, letter of credit or a line of credit from your financial institution may be submitted as proof of financial ability to operate. The funds need to be in the name of the operating entity.

The Oklahoma Screening and Registry Employee Evaluation Network (OKSCREEN) is the Department’s Web Portal created for providers for the purpose of applicant screening, obtaining authorizations for fingerprinting and determinations of employment eligibility. For more information visit <http://obc.health.ok.gov>

If you plan to participate in the **Medicare Program** and believe that your home care substantially meets the program criteria, please complete and return the CMS forms listed below **to this office**:

1. **CMS FORM 1572-** “ Home Health Request for Certification in the Medicare Program”
2. **CMS Form 1561-** “Health Insurance Benefit Agreement”
3. **OCR Verification-** Medicare Part A providers will be required to sign an attestation of their compliance with all applicable civil rights laws enforced by OCR (including Title VI Civil Rights Act of 1964, Section 504 of Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, and Section 1557 of the Affordable Care Act). This attestation is referred to as an Assurance of Compliance and it can be found on the HHS website (FORM HHS-690). New applicants for Medicare funding and current providers undergoing a CHOW will be responsible for submitting this attestation **electronically** to the OCR’s online Assurance of Compliance portal at <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf> . The provider will receive electronic verification from OCR of successful submission of the attestation.
4. **OASIS Transmission**
5. **CLIA Application**

Additional information is available at: www.hhs.gov/civil-rights/for-providers/index.html

Any agency desiring a survey for Medicare certification must be licensed and have provided skilled care to a minimum of ten patients before an initial Medicare Survey is conducted. At least 7 patients must be actively receiving skilled care from your agency at the time of initial Medicare Survey.

Providers of Medicare services are required to complete Form CMS- 855A, “Medicare Federal Health Care Provider that will Bill Medicare Fiscal Intermediaries.” This form must be obtained from the approved home health fiscal intermediary (FI) for Oklahoma. Information regarding approved fiscal intermediaries and their addresses can be accessed online at www.cms.hhs.gov. Please access this website or contact the appropriate FI and request form CMS- 855A.

The approved FI will answer any questions regarding the completion of the form and review the form once it has been submitted to their office for approval. The FI will not process your application until after you have a state license number to operate a home care agency. An initial Medicare survey of your agency cannot be conducted until the FI reviews form CMS 855A and agrees to enroll your agency in the Medicare program. The FI will forward an approved copy of your application to this office.

Once we have received your approved form CMS- 855A from the FI; you will need to successfully transmit Outcome and Assessment Information Set (OASIS) data for patients receiving service from the agency prior to the Initial Medicare on-site survey.

Once the Department has received your approved form CMS-855A from the Fiscal Intermediary, you must contact our OASIS Division to conduct your OASIS transmission. You will need to speak with the Quality Improvement and Evaluation Service (QIES) **(405) 271-5278**.

If your agency provides or intends to provide any clinical laboratory services directly, regardless of whether or not the tests are billed, it must hold an appropriate certificate of waiver under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). These services include even simple tests such as dipstick urinalysis, occult, blood testing, and finger stick blood sugars using a glucometer. The information and form required to make application under CLIA also included and should be returned to this office.

Because of increases in the number of new providers in this region as well as current fiscal constraints in Medicare Certification Funding, please be advised that there may be a substantial delay before an initial survey can be conducted at your agency. The CMS document S&C 08-03 at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationsGeninfo/downloads/SCLetter08-03.pdf explains the priority system and offers guidance on how to request an exception. With current funding, we will not be conducting initial surveys unless an exception is granted by CMS. Additional guidance can be found at: www.dads.state.tx.us/providers/communications/2010/rsc/RSC2010-01.pdf

Most new entities/ agencies/facilities gain entry into the Medicare program through an Accrediting Organization (AO). The CMS approved AOs for Home Care agencies are:

- Joint Commission (JC), www.jointcommission.org
- Community Health Accreditation Program, Inc. (CHAP) www.chapinc.org
- Accrediting Commission for Health Care (ACHC), www.achc.org

If you have any questions regarding the Licensure of Medicare certification processes for home health agencies, please contact the office (405) 426-8470.

Sincerely,

Dawn Lovett-Whitney, RN

Dawn Lovett-Whitney, RN
Administrative Programs Manager
Home Services Division
PHS- Medical Facilities Services