



APPLICATION REQUEST FOR A HOSPICE FACILITY



This letter is to assist you in preparing a hospice facility licensing and/or certification (for Medi-Cal Title 19 and/or Medicare Title 18 reimbursement) application package to the California Department of Public Health (CDPH), Licensing and Certification (L&C) Program for:

- Initial application for a **hospice facility**; or
- Change of ownership (CHOW) for a **hospice facility**.

A state license is required to operate a hospice facility in California, pursuant to Sections 1339.41 of the Health and Safety (H&S) Code

A hospice facility is defined as:

Hospice facility means “a health facility licensed pursuant to this chapter, with a capacity of no more than 24 beds that provides hospice services. Hospice services include, but are not limited to, routine care, continuous care, inpatient respite care, and inpatient hospice care as defined in subdivision (d) of Section 1339.40 and is operated by a provider of hospice services that is licensed pursuant to Section 1751 and certified as a hospice pursuant to Part 418 of Title 42 of the Code of Federal Regulations (CFR)”.

A hospice facility must be operated in compliance with CFR Section 418 until the Department develops regulations. Hospice services required to be provided, pursuant to Section 1749(b) of the H&S Code, shall be provided in compliance with the “**Standards for Quality Hospice Care (SQHC)**,” as available from the **2005 California Hospice and Palliative Care Association (CHAPCA)**, until the state department adopts regulations establishing alternative standards, pursuant to Section 1749(c) of the H&S Code, which is located at the following website:

<http://calhospice.org/>

All “other” changes (besides a CHOW) must be reported to the L&C district office (DO) in writing within **10 days** of the change. A list of DOs and appropriate contacts are located on the L&C website at:

<http://www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx>

For your convenience, the **attached checklist** has instructions to complete the forms required for licensing and certification of a hospice facility. The **checklist** provides specific item numbers that applicants typically have encountered problems in submitting incorrect or missing information. Please make sure that all item numbers in each form are completely filled out. For example: (1) the applicant’s formal name must be consistently the same throughout all the documents in the application package; or (2) in some instances, a specific attachment may need to be submitted



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with a specific form. **All forms are required to be signed by the “licensee”, owners or officers, unless otherwise stated.**

Please read each required application package form carefully and provide all requested supplemental documents. **DO NOT LEAVE ANY ITEMS BLANK. NOTE:** If a question does not apply, please respond with “Not Applicable” or “N.A.”. **Do not make changes to these forms. USE “BLUE” INK TO SIGN ALL FORMS.** Do not use white out/correction fluid to make corrections. To correct an error, place a single line through the entry and enter the correct information. The individual responsible for making the correction must **initial and date** the correction. You should retain a photocopy of the completed documents for your files. We may need to contact you in the future and we will be referring to the information in the documents you provided.

In addition, a check or money order, made payable to the “**California Department of Public Health**”, for the licensing fee, determined pursuant to Section 1266 of the H&S Code, must accompany the required forms before your application will be processed. The licensing fee for hospice facilities in the first year (FY 2013-14) will be the same fee as Congregate Living Health Facilities. The licensing fees change annually; therefore please check the current licensing fee for a hospice facility which is posted on the L&C website at:

<http://www.cdph.ca.gov/pubsforms/fiscalrep/Documents/LicCertFeeListing2013-01-01.pdf>

The application fee will NOT be returned if the application is withdrawn or denied.

The application package review process will consider the applicant’s and associates’ (i.e., board members, LLC members, managers, etc.) past compliance history. This will be based on a review of all facilities and agencies operated by those individuals in California and nationally. The applicant and associates must demonstrate substantial compliance with state and federal requirements for all facilities that they operate, pursuant to Section 1755 of the H&S Code.

Failure to demonstrate substantial compliance history may result in the denial of your application package. You will be notified in writing of L&C’s intent to deny the application.

All completed hospice facility **application packages must be submitted to the local L&C DO**. The DO will review the application package for completion. A list of DOs and appropriate contacts can be found using the link stated above.

The L&C DO will review the **hospice facility** application package for completion. Once the completed application has been approved by the DO, and all required surveys have been performed the DO will issue the license accordingly.



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Choice of Fiscal Intermediary.

The fiscal intermediaries are available from the Federal Department of Health and Human Services at the following website:

www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf

To apply for National Provider Identifier (NPI), go to the following website:

<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>

Please NOTE the following:

1. There are some differences between documents required for a CHOW, and “initial” applications that are noted on the attached **checklist**.
2. An initial **licensing survey** is part of the application process for “new” hospice facility applications.
3. The initial **licensing survey** is a scheduled survey conducted by L&C DOs.
4. **Certification:**
Certification status will allow the hospice facility to provide services to **Medicare beneficiaries** (under Title 18). Once the hospice facility has become **Medicare** certified, they may also provide services to **Medi-Cal beneficiaries** (Title 19), if requested. The hospice facility is **required** to be licensed prior to seeking **certification status**.

Many applicants, including hospice facilities have the option of becoming **certified** on the basis of accreditation by the Centers for Medicare & Medicaid Services’ (CMS) approved accreditation organizations (listed below) instead of a survey by L&C.

- The Joint Commission (TJC), 630-792-5000, www.jointcommission.org
- Community Health Accreditation Programs (CHAP) 800-656-9656, www.chapinc.org
- Accreditation Commission for Health Care, Inc. (ACHC) 919-785-1214 www.achc.org

Once approved by the accreditation organization, submit the approval letter from the accreditation organization to the appropriate DO. Since the Medicare certification forms listed on the attached **checklist** are submitted with your “initial” application package, if there are any changes to the forms, the DO will



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request amended forms after they receive the approval letter from the accreditation organization.

If you **DO NOT** choose to go through one of these accreditation organizations it will be more than a year before L&C will be able to perform a certification survey since “initial” certification surveys for hospice facilities have been categorized as a **LOW priority**. However, if you still want the L&C DO to consider conducting the “initial” certification survey, you will need to submit justification to the DO for CMS approval. The burden will be on the hospice facility to provide data and other evidence that effectively establishes the probability of serious, adverse beneficiary health care access consequences if the hospice facility is **NOT** enrolled to participate in Medicare.

5. In addition you must be in compliance with state licensing laws and federal conditions of participation. CMS is located on the following website:

www.cms.hhs.gov

6. **If you are already a certified hospice provider, you will need to obtain an additional certification survey to provide inpatient care directly to be licensed as a hospice facility.**

It is the applicant’s responsibility to obtain the Code of Federal Regulations and to understand the hospice facility Conditions of Participation, which are located on the following website:

http://www.access.gpo.gov/nara/cfr/waisidx_04/42cfr418_04.html

The DO will notify you when the application has been approved and will schedule an initial licensing survey. NOTE: YOU MUST BE READY FOR THE INITIAL LICENSING SURVEY UPON NOTIFICATION. It is L&C’s policy that, except for very unusual circumstances, only one inspection visit will be made. Failure of the hospice facility to be in substantial compliance, at the time of the visit, will result in the “denial” of the application. Any further activity regarding your request, after such denial, will require a new application, and license fee.

PLEASE NOTE: A license will not be issued until the application is approved and, if required, a successful licensing survey is conducted.

If you have any questions, please contact your local L&C DO. The list of all DOs addresses and contact information can be found using the link stated above.



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		<p>The following is a quick reference of <u>SOME</u> of the questions found on the required forms. It includes the form number, name of form, and an explanation of <u>SPECIFIC</u> requirements and/or attachments needed for specific forms. This is <u>NOT</u> an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.</p>	LICENSING and/or Certification
LICENSURE HOSPICE FACILITY			
HS 200	Licensing & Certification Application [H&S Code, Section 1339.41] NOTE: Please read the instructions on the <u>HS 200</u> form prior to completion of the form. Also, pay close attention to the following:		
	A.3.	Amount of Fee Enclosed.	Handled by the DO
	A.4.c.	Change of Location. A licensed hospice and a separately licensed HHA cannot share the same space but CAN be in the same building with a different address, phone number, staff, etc.	Handled by the DO
	A.5.o.	Facility Type. Enter "Hospice Facility".	
	A.8.	Bed capacity.	
	A.9.	Age range of clients. Age range needed especially for pediatric hospice.	
	A.10.	Days and hours of operation.	
	A.11.	Construction. N/A for CHOWS, unless there has been construction and/or remodeling. Refer to page 11 under Building Standards.	
	B.1.	Licensee's name. The licensee's formal organization name must be consistent throughout all documents.	
	B.3.	Owner type. SUBMIT an organization chart/flow chart if the owner is a profit or nonprofit corporation, limited liability company (LLC), or general partnership. The organization chart needs to display the following: <ul style="list-style-type: none"> • Applicant's owners and their ownership percentages, directors, board members, corporate officers, LLC members/managers, and partners. • PARENT company of applicant, if applicable, and all the licensed agencies/facilities they are operating – See B.6. below. 	
	B.5.a.	Licensee's "other" Facility Involvement. Answer all aspects of the question.	
	B.5.b.	Revocation, suspension, etc. action. If applicable to the licensee, SUBMIT the information requested.	
	B.6.	Subsidiary (PARENT company) information. If there is a "subsidiary" (PARENT company) SUBMIT : <ul style="list-style-type: none"> • An organization chart with the PARENT company name. 	



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		<ul style="list-style-type: none"> • A listing of all owners (of the PARENT company) and their ownership percentages, directors, board members, corporate officers, LLC members/managers, and partners of the PARENT company. • A listing of all facilities the PARENT company is operating. 		
	C.1.a.	<p>Management Company. This question does not apply to hospices.</p>	N/A	
	C.1.b.	<p>“Interim” Management Agreement. NOTE if CHOW: If there is an “interim” Management Agreement, between the current and the prospective licensee, SUBMIT a signed and dated copy of Agreement.</p>		
	C.2.	<p>Name of “proposed “and “current” hospice facility. Enter both hospices names if this is a CHOW. The applicant may insert the corporate name if there is NO hospice facility name.</p>		
	C.3.	<p>Address of “proposed” hospice facility.</p> <ul style="list-style-type: none"> • A “licensed” HHA and a “licensed” hospice facility CANNOT be at located at the same office. • A “licensed & certified” HHA and a “certified-only” hospice provider CAN be located in the same office. 	FYI	
	C.6.a.	<p>Name of Administrator and date of hire. An administrator shall have supervisory or administrative experience in hospice or related health care fields or education in healthcare or administration that meet the requirements of the position. [Standards for Quality Hospice Care (SQHC) Section 5.1, Administration]</p>		
	C.6.b.	<p>Name of Director of Nursing and date of hire.</p>		
	C.7.	<p>Ownership.</p> <ul style="list-style-type: none"> • List all individuals having 5% or more ownership, unless “nonprofit”. 		
	C.8.	<p>Item C.8. Financial Resources. The “specific” question on the HS 200 form does NOT apply to hospices (only skilled nursing and intermediate care facilities).</p>	N/A	
	C.9. & 10.	<p>Over-concentration and Program Plan do NOT apply to hospices.</p>	N/A	
	D.1. & 2.	<p>Property ownership. SUBMIT a copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee.</p>		
	E.1. & Attachment E-1	<p>Management Company Information. Attachment E-1 does not apply to a hospice.</p>	N/A	
	F.1.	<p>Signature. [H&S Code, Section 1339.41] Original “signature” is required and MUST be signed by the APPLICANT (not the Administrator unless the owner is the Administrator).</p>		



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HS 215A	Applicant Individual Information				
		APPLICANT Organization			
		<p>HS 215A form for each individual having a beneficial interest of 5% or more in the APPLICANT organization (list their ownership percentages).</p> <p>HS 215A form for directors, board members, corporate officers, LLC Members/Managers, and partners of the APPLICANT organization.</p>			
		PARENT Company			
		<p>HS 215A form for each individual having a beneficial interest of 5% or more in the PARENT company (list their ownership percentages).</p> <p>HS 215A form for directors, board members, corporate officers, LLC Members/Managers, and partners of the applicant organization, and PARENT company.</p>			
		MANAGEMENT Company			
		<p>HS 215A form for each individual having a beneficial interest of 5% or more in the MANAGEMENT company (list their ownership percentages).</p> <p>HS 215A form for directors, board members, corporate officers, LLC Members/Managers, and partners of the applicant organization, and MANAGEMENT company.</p>			
		ADMINISTRATOR of the Facility [SQHC, Page 1, Definitions]			
	<p>Submit "RESUME" for the Administrator. The DO will determine if the administrator meets the qualification contained in the SQHC.</p> <p>Copy of Governing Body signed written statement verifying their appointment.</p>				
	DIRECTOR OF NURSING (DON) [SQHC, Section 5.3]				
	<p>DON's "RESUME". HS 215A not required for DON.</p> <p>Copy of DON's professional license.</p>				
	Section D	Employment/Business Summary.			
	A resume or attachment will be acceptable in lieu of Section "D".				
	Signature	Signature.			
	Original "signature" is required on all the HS 215A forms.				



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	Facility Information Sheet	<p>If applicable, each individual must complete and SUBMIT the "Facility Information Sheet" for each facility and/or hospice with which they have a <u>current</u> or <u>past</u> relationship within the last 3 years. The following <u>MUST</u> be completed for each facility and/or hospice:</p> <ul style="list-style-type: none"> • Facility name and address • Type of facility • Type of business entity (include EIN #) • Individual's <u>nature</u> and dates of involvement • This Sheet must also include any facilities licensed by the California Department of Social Services. 			
HS 309 1 st page	Administrative Organization				
		<p>This form is N/A for sole proprietor.</p>			
	2.	<p>Administrator of Corporation or LLC – this name is usually the CEO/President.</p>			
	3-7	<p>Corporations need to SUBMIT:</p> <ul style="list-style-type: none"> • Copy of Filing Statement from CA Secretary of State (only required if Articles of Incorporation are NOT endorsed by the CA Secretary of State). • Copy of "all" Articles of Incorporation (endorsed by CA Secretary of State). • Copy of By-Laws. 	<p>Limited Liability Companies (LLC) need to SUBMIT:</p> <ul style="list-style-type: none"> • Copy of Filing Statement from CA Secretary of State (only required if Articles of Organization are NOT endorsed by the CA Secretary of State). • Copy of Articles of Organization (endorsed by CA Secretary of State). • Copy of Operating Agreement. 		
	9.	<p>Governing Board of Directors.</p> <ul style="list-style-type: none"> • Enter the number of board members or LLC members/holders. • SUBMIT a list of the board of directors or the LLC members/holders. 			
	10.	<p>Board Officers. Enter the names of the board officers or the LLC officers/managers.</p>			
HS 309 2 nd page	1.	<p>California Out-of-State Corporations, LLC, etc. SUBMIT a copy of the Certificate of Qualification from the CA Sec. of State.</p>			
	3. & 4.	<p>Public Agency. SUBMIT a copy of the "signed" Resolution.</p>			
	5.	<p>Corporations, LLCs and Partnerships need to complete Item 5. N/A for nonprofit.</p>			
	Bottom of page	<p>Partnerships need to SUBMIT:</p> <ul style="list-style-type: none"> • Copy of the Partnership Agreement. • Copy of the California Secretary of State filing, if applicable. 			



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NO FORM		<p>Criminal Background Investigation [Section 418 of Title 42 of the Code of Federal Regulations (CFR)]</p> <p>• Submit a signed statement from the applicant that the applicant obtained criminal background checks for its employees, volunteers and contractors.</p>	
HOSPICE SERVICES		<p>Hospice Services</p> <p>Must provide, or make provisions for the basic services listed below: (H&S Code, Sections 1339.41 and SQHC, Section 2.1. Services Provided)</p> <p>(1) Skilled nursing services. (2) Social services/counseling services. (3) Medical direction. (4) Bereavement services. (5) Volunteer services. (6) Inpatient hospice arrangements (7) Home health aide services.</p>	DO to review these.
NO FORM		<p>Building Standards [Section 418 of Title 42 of the CFR and Health and Safety Code 1339.43]</p> <p>Freestanding:</p> <p>• Submit a signed statement for the local building department that the hospice facility meets the applicable building standards and requirements.</p> <p>Located within the physical plant of another licensed health facility that is under the jurisdiction of the Office of Statewide Health Planning and Development (OSHPD):</p> <p>• Submit a copy of the Title 24 clearance for the licensed health facility that the hospice facility will be occupying.</p> <p>Located on the site of or is physically connected to a health facility that is under the jurisdiction of OSHPD:</p> <p>• Submit a copy of the Title 24 clearance for the licensed health facility that the hospice facility will be occupying.</p> <p>• For any new construction or renovation of the hospital facility, plans shall be submitted to OSHPD and copy of OSHPD approval shall be submitted with the application.</p>	
		<p>Fire Safety Inspection Report [Section 418 of Title 42 of CFR]</p>	



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STD 850		<ul style="list-style-type: none"> This is NOT required for a change of ownership. The STD 850 form must be submitted or a similar form from the fire authority. If the STD 850 form is NOT submitted, the fire authority form will need to contain equivalent information as the STD 850 form. If the fire authority refuses to accept the STD 850 form from the applicant, the district offices will send the STD 850 form on behalf of the applicant. 	
		<ul style="list-style-type: none"> To fill out the correct district office information, go to the link cited in this letter to download the list of district offices. 	
CMS-417		Hospice Request for Certification in the Medicare Program	
		<ul style="list-style-type: none"> If applying for BOTH Medi-Cal and Medicare certification, only need one copy of this form. If this HOSPICE is LICENSED “only”, the only reason this form is being requested is for the listing of the types of services. Complete this form as indicated. 	
CHOW		Change of Ownership (CHOW)	
		<p>SUBMIT all of the forms required for an “initial” application, listed above plus a letter from the prospective licensee (to CDPH) stating where the stored patient medical records will be maintained, and that the records will be made available to the previous licensee. (SQHC, Section 6.3, B, 3. g.)</p> <p>Copy of “Purchase Agreement” or “Operating Transfer Agreement”.</p>	
<h2 style="margin: 0;"><u>MEDI-CAL CERTIFICATION</u></h2> <h3 style="margin: 0;">HOSPICE FACILITY</h3> <p style="margin: 0;">The following forms and information are required for MEDI-CAL certification:</p>			
HOSPICE MEDI-CAL CERTIFICATION		MEDI-CAL Certification of a Hospice Facility	
		<p>If you answered “YES” on Item A.7. of the HS 200 form (Do You Wish to Apply for the Medi-Cal Program?) and your hospice wants to provide services to MEDI-CAL beneficiaries (under Title 19) SUBMIT the following forms with your “initial” application package.</p> <p>Once the hospice has become certified for MEDICARE, they may provide services to MEDI-CAL beneficiaries, if requested.</p> <p>The hospice is required to <u>be licensed</u> prior to seeking certification status.</p>	FYI
HS 328		Notice – Effective Date of Provider Agreement	
		<p>If applying for BOTH Medi-Cal and Medicare certification, only need one copy of this form.</p>	
DHCS 9098		Medi-Cal Provider Agreement	
		<ul style="list-style-type: none"> Do not leave any questions blank. Enter N/A or “same” if not applicable. 	



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CMS-417	Hospice Request for Certification in the Medicare Program	<ul style="list-style-type: none"> • If applying for BOTH Medi-Cal and Medicare certification, only need one copy of this form. • If this HOSPICE FACILITY is being certified for MEDI-CAL "only", the only reason this form is being requested is for the listing of the types of services. • Complete this form as indicated. 	FYI
MEDICARE CERTIFICATION HOSPICE FACILITY			
The following forms and information are required for MEDICARE certification:			
HS 328	Notice – Effective Date of Provider Agreement	<p>If applying for BOTH Medi-Cal and Medicare certification, only need one copy of this form.</p>	FYI
CMS-417	Hospice Request for Certification in the Medicare Program	<ul style="list-style-type: none"> • If applying for BOTH Medi-Cal and Medicare certification, only need one copy of this form. • Complete this form as indicated. 	FYI
CMS-643	Hospice Survey and Deficiencies Report	<p>Complete the top of the 1st page. The remainder will be completed during the survey.</p>	
CMS 855A	Medicare General Enrollment Health Care Provider/Supplier Application	<ul style="list-style-type: none"> • This application is from the Federal Department of Health and Human Services. • This application is required for "initial" and "CHOW" applications. • The completed application should be mailed directly to the appropriate FISCAL INTERMEDIARY. 	
CMS 1561	Health Insurance Benefit Agreement	<ul style="list-style-type: none"> • SUBMIT two (2) signed copies with "original" signatures. • Initial Application: Sign the top signature block entitled "Accepted for the Provider of Services By." • CHOW: Sign the bottom signature block entitled "Accepted For The Successor Provider of Services By." 	



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OMB No. 0990-0243		Civil Rights Information Request for Medicare Certification		
		<ul style="list-style-type: none"> • Complete and “sign” form (original signature). • SUBMIT all of the documents required on <u>Part 11</u> of this OMB form. All of these documents need to be “identified” by the corresponding number on the OMB form. The first document required is the HHS 690 form below. • These items will be reviewed and approved by OCR. 		
HHS 690		Assurance of Compliance [42 CFR, Section 489.10(b)]		
		<p>SUBMIT 1 copy. This HHS 690 form is the first document required to be submitted on the above OMB No. 0990-0243 form.</p>		