The Cabinet for Health and Family Services (CHFS) is one of the largest agencies in state government, with nearly 8,000 full and part-time employees throughout the Commonwealth focused on improving the lives and health of Kentuckians.
Did you know?

The Cabinet for Health and Family Services (CHFS) serves ALL Kentuckians. CHFS provides services to all, from cradle (birth certificate, newborn screening) to grave (death certificate).

All children born in Kentucky hospitals receive a newborn metabolic screen that will be processed through the Department for Public Health Lab. If you eat out, the restaurant will have been inspected by a local health department. If you have a child in a day care center or an elderly parent in a long term care facility, those will have been inspected by the CHFS Office of the Inspector General. Other examples of the Cabinet’s impact:

- One in five Kentuckians participate in the Supplemental Nutrition Assistance Program. Individuals and local grocers benefit from this program.
- The Cabinet has approximately 7600 employees, and over 150 locations in 120 counties.
- The Cabinet processes over 800 contracts with private and public businesses annually.
- One in five Kentuckians receives Medicaid. All benefit payments go to providers.
Office of the Inspector General

• The Office of Inspector General is Kentucky's regulatory agency for licensing all health care, day care and long-term care facilities and child adoption/child-placing agencies in the commonwealth.

• OIG is also responsible for the prevention, detection and investigation of fraud, abuse, waste, mismanagement and misconduct by the Cabinet's clients, employees, medical providers, vendors, contractors and subcontractors.

• OIG also conducts special investigations into matters related to the Cabinet or its programs as requested by the Cabinet Secretary, Commissioners or Office Heads.
• The Division of Health Care is responsible for inspecting, monitoring, licensing and certifying all health care facilities as defined by KRS 216.510 (1). The division also is responsible for investigating complaints against health care facilities, facility plans review and developing regulations.

• The Division recommends various long-term care facilities for certification to receive Medicaid and Medicare funds through contracts with the Health Care Financing Administration of the U.S. Department of Health and Human Services.

• The Regional Offices of the Division of Health Care are responsible for conducting on-site visits of all health care facilities in the state to determine compliance with applicable licensing regulations and Medicare/Medicaid certification requirements. Complaints concerning these facilities are investigated by Regional Office staff.
Licensure & Certification Process

• Check for current HPSA (Health Professional Shortage Area) and/or MUA/P (Medically Underserved Area/Population) designation with either OIG Central Office or Department for Public Health

• Ensure the RHC doesn’t fall within an Urban Cluster as defined by the American Census Bureau

• Contact a Fiscal Intermediary. An initial form 855 (Medicare Enrollment Application) must be completed and approved by the Fiscal Intermediary prior to initial licensure and certification. Free-Standing RHCs in Kentucky use CIGNA Government Services and Provider-Based RHCs must use the hospital’s Fiscal Intermediary.

Cabinet for Health and Family Services
• While waiting on 855 approval, the facility should be inspected by the local Fire Department and written documentation of inspection obtained that includes the date of inspection, the physical location (address) of the facility, and report of satisfactory compliance with no deficiencies.

• Immediately upon the initial provision of services, the following must be provided to the CHFS Office of Inspector General Central Office:
  – Application for License to Operate a Health Facility or Service
  – Fee of $140
  – Copy of the satisfactory Fire Department report
  – Approved 855 for an initial RHC
  – Two (2) completed Financial Solvency Preference Forms
  – Three (3) completed Health Insurance Benefits Agreement Forms (obtained from OIG Central Office)
  – If the RHC is going to be Provider-Based, it must also complete a Civil Rights Compliance Packet from US HHS OCR and submit it to OIG with the initial application
L & C Process for RHCs (cont’d)

- Once OIG Central Office receives the initial application packet, the appropriate Regional Office (Enforcement Branch) will be contacted to schedule a survey of the facility. Surveys are completed within approximately 45 days from receipt of application. NOTE: All surveys are unannounced and the facility must be in full operation at the time of the survey. Surveys are based on both state and federal regulations for RHCs.


- Following the survey, if a Statement of Deficiencies (CMS-2567 form) is issued, a Plan of Correction (POC) must be submitted to the Regional Office. The date on which the POC is accepted by Regional Office becomes the effective date of licensure and/or certification. If there are no deficiencies found, the last date of the survey becomes the effective date of licensure and/or certification.

Cabinet for Health and Family Services
L & C Process for RHCs (cont’d)

• OIG Central Office is notified by Regional Office when the facility is in compliance for licensure and/or certification. The license is then issued. The certification packet is forwarded to CMS at that time for approval. Once approved by CMS, a tie-in notice will be issued from CMS with the RHCs provider number.

• License must be renewed annually. OIG will notify the RHC one-month prior to licensure expiration and will include a pre-populated application. The application must be completed and submitted along with a re-licensure fee of $140 to OIG Central Office. A validation letter will be issued upon approval of re-licensure application. NOTE: Re-licensure surveys are done every 3 years. Re-certification surveys are done every 7 years.
Application for License

Application for License to
Operate a Health Facility or Service

I. IDENTIFICATION

Name

Address

City/County/Zip

Telephone number

Administrator

Date facility operation began at current address

Date facility began operation under current owner

II. CONTROL (check one in each column)

State  Profit  Individual

County  Nonprofit  Partnership

City  Corporation

Private

Cabinet for Health and Family Services
II. OWNERSHIP

Name and address of individual owner, partner or corporation

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If facility is owned by a corporation, complete the following:

Name of corporation _______________________________________________________

Address of corporation _____________________________________________________

President or Chairman _____________________________________________________

Vice President ____________________________________________________________

Secretary ________________________________________________________________

Treasurer _________________________________________________________________

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

(OVER)
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

IV. SERVICE AREA (if applicable)

Area served

V. TYPE OF FACILITY OR SERVICE

- Adult Day Health Care Program
- Adult Day Health Care Program (providing nursing services)
- Alternative Birthing Center
- Ambulatory Care Clinic
- Ambulatory Surgical Center
- Chemical Dependency Treatment Service
- Community MH/MR Center
- Group Home (MR/DD)
- Group Home for Persons With Acquired Brain Injuries
- Health Maintenance Organization
- Hospice
- Network (list addresses of extensions on separate page)
- Nursing Pool
- Private Duty Nursing Agency
- Psychiatric Residential Treatment Facility
- Prescribed Pediatric Extended Care Service
- Primary Care Center or Satellite
- Rehabilitation Agency (Outpatient)
- Renal Dialysis
- Rural Health Clinic

Other

Cabinet for Health and Family Services
I understand that any change in the application that affects my licensure status will be reported to the Division of Community Health Services and a new application will be completed at that time. I agree that this service and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Signature of Authorized Representative ____________________________

Title ____________________________ Date ____________________________

Return Application and Fee To:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 144
(10/2002)
Change of Ownership (CHOW)

- If there is a Change of Ownership of the RHC, the following must be provided to the CHFS Office of Inspector General Central Office:
  - Application for License to Operate a Health Facility or Service
  - Copy of Legal Document showing transfer of owner with a past effective date
  - No fee is required
  - Approved 855 for CHOW
  - Two (2) completed Financial Solvency Preference Forms
  - Three (3) completed Health Insurance Benefits Agreement Forms (obtained from OIG Central Office)
  - CMS-29 RHC Request for Eligibility in the Medicare Program
  - If the RHC is Provider-Based, it must also complete a Civil Rights Compliance Packet from US HHS OCR and submit it to OIG with the CHOW application.
Other Changes

• If there is a change of location for the RHC, the following must be provided to the CHFS Office of Inspector General Central Office:
  – Application for License to Operate a Health Facility or Service
  – Copy of the satisfactory Fire Department report

• If there is a change of name for the RHC, the following must be provided to the CHFS Office of Inspector General Central Office:
  – Application for License to Operate a Health Facility or Service

• If there is a 911 or Homeland Security address change for the RHC, the following must be provided to the CHFS Office of Inspector General Central Office:
  – Application for License to Operate a Health Facility or Service

• If nurse staffing regulations are not being met for certification, a Nurse Staffing Waiver may be requested from the CHFS Office of Inspector General Central Office.

Cabinet for Health and Family Services
Regional Offices/Enforcement Branches

Regional Offices/Enforcement Branches should be contacted regarding survey issues or Plans of Correction:

<table>
<thead>
<tr>
<th>Western Enforcement Branch</th>
<th>Southern Enforcement Branch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western State Hospital</td>
<td>116 Commerce Ave.</td>
</tr>
<tr>
<td>P.O. Box 2200</td>
<td>London, KY 40744</td>
</tr>
<tr>
<td>2400 Russellville Road</td>
<td>Phone: (606) 330-2030</td>
</tr>
<tr>
<td>Hopkinsville, KY 42241</td>
<td>Fax: (606) 330-2054</td>
</tr>
<tr>
<td>Phone: (270) 889-6052</td>
<td></td>
</tr>
<tr>
<td>Fax: (270) 889-6089</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Northern Enforcement Branch</th>
<th>Eastern Enforcement Branch</th>
</tr>
</thead>
<tbody>
<tr>
<td>L &amp; N Building, 10-W</td>
<td>3470 Blazer Parkway, Suite 300</td>
</tr>
<tr>
<td>908 W. Broadway</td>
<td>Lexington, KY 40509</td>
</tr>
<tr>
<td>Louisville, KY 40203</td>
<td>Phone: (859) 246-2301</td>
</tr>
<tr>
<td>Phone: (502) 595-4958</td>
<td>Fax: (859) 246-2307</td>
</tr>
<tr>
<td>Fax: (502) 595-4540</td>
<td></td>
</tr>
</tbody>
</table>
The OIG Central Office should be contacted regarding all changes in the RHCs licensure/certification/practice or with questions regarding licensure/certification.

275 E. Main St., 5E-A
Frankfort, KY 40621
Phone: (502) 564-7963 ext. 3302
Fax: (502) 564-6546
Email: Robin.Rowe@ky.gov