
AMBULATORY CARE: HOSPICE AGENCY 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 initial State licensure inspection. A State license will be issued based on the results of the on-site inspection.

RENEWAL

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

FEE

The non-refundable application fee is \$300.

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
Hospice Agency
Affidavit

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. Any questions regarding the booklet should be directed to Cahaba at 1-866-539-5592.)
 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 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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CODE OF MARYLAND REGULATIONS (COMAR) 10.07.21

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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MEDICARE CERTIFICATION

New providers must be in operation and providing services to patients when surveyed for Medicare certification. This means that at the time of survey, the Hospice must have opened its doors to admissions, be furnishing all services

necessary to meet the provider definition, and be demonstrating the operational capability of all facets of its operations. To be considered "fully operational," initial applicants must be serving a sufficient number of patients so that compliance with all requirements can be determined. If possible, the OHCQ will conduct the survey within 90 calendar days of the date the provider notified the OHCQ of full operation.

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
