

PLEASE READ ALL INFORMATION CAREFULLY

Please see the list of forms to be completed and sent to the LDH- Health Standards Section State Office. Contact this office if forms identified on the list are missing. See contact information below:

LDH- Health Standards Section
Attention: CORF Program Manager
P.O. Box 3767
Baton Rouge, Louisiana 70821
225-342-0138 or 225-342-6446 (phone) 225-342-0157 (fax)
<http://ldh.la.gov>

This application packet is designed to direct an applicant through the initial process as it relates to State Licensing & Medicare/Medicaid Certification.

The Louisiana Department of Health (LDH) shall not process any application until all completed forms, required applicable accompanying information and the application fee (where required) is received.

The application process **will be terminated** for applicants who have not completed the submission of all the required forms and supplemental information **within 90 days** of the initial application date. Applicants who are still interested in applying must begin the initial process with the submission of a new application.

When all of the required forms, fees, and information have been received, the State Office will notify you in writing on how to proceed. The forms, fees (if applicable), and information should be submitted to HSS State Office approximately six (6) weeks prior to your anticipated opening date.

Federal regulations at 42 CFR 485.62(a)(3) requires your building to have a fire alarm system. At a minimum, this system needs a pull station which activates an internally audible alarm that can be heard throughout the building. You will need to submit documentation of either its existence or an invoice for its installation. If a system has to be installed, the office of the Louisiana State Fire Marshal must approve your plans for installation. You will need to contact them.

Please see Louisiana State Fire Marshal's Office contact information below.

Phone: (225) 925-4920; <https://lasfm.la.gov/>

<https://www.lasfm.org/enforcementinvestigations/inspections/scheduling-an-inspection/>

Your facility must also have an on-site inspection by the Office of State Fire Marshal. Please submit a copy of that inspection report with your initial certification packet.

In accordance with 42 CFR 485.62 (d), a CORF must ensure safe access and adequate space to maneuver in waiting areas, treatment areas and toilet facilities for all physically impaired patients.

Architectural plans must be submitted to the Office of State Fire Marshal for review and approval concerning access for the physically impaired. You must utilize the Louisiana State Fire Marshal Plan Review Portal. See link below:

Louisiana State Fire Marshal Plan Review Portal <https://lasfm.la.gov/> ; Phone: 225-925-4920

For participation in the Medicare program, all providers/suppliers must complete the CMS 855 form, Medicare Federal Health Care Provider/Supplier Application for Health Care Providers or Suppliers. The application must be obtained from the provider/supplier's chosen fiscal intermediary (FI) or carrier. The Centers for Medicare and Medicaid Services (CMS) website located at

<https://www.cms.gov/medicare/coding-billing/medicare-administrative-contractors-macs/who-are-macs>

This link contains a list of FIs and carriers by state and specialty. The FI/Carrier will answer any inquiries concerning completion of the enrollment application.

Please note that an initial certification survey of a new provider/supplier will be conducted only after the state agency has received notice from the FI or Carrier that the CMS 855 form has been approved.

New providers/suppliers must be in operation and providing services to patients when surveyed for certification. This means that at the time of the survey, the institution must have opened its doors to admissions, be furnishing all services necessary to meet the applicable provider/supplier definition and demonstrate the operational capability of all facets of its operations.

Current regulations require that the effective date of the provider agreement can be no earlier than the completion date of the survey, assuming all requirements are met. In the event that a deficiency is cited at the initial survey, the effective date will be no earlier than the date that the facility provides an acceptable Plan of Correction.

You are cautioned about accepting Medicare beneficiaries prior to confirmation by the Department of Health and Human Services Regional Office, in Dallas, Texas, of the effective date of the Health Insurance Benefits Agreement. You should notify the beneficiary or the beneficiary's representative, in writing, of beneficiary's financial responsibility in the program.

This agency is responsible for determining compliance with Medicare/Medicaid regulations and certifying its findings to the CMS Regional Office, which will make the decision as to whether you qualify for participation in the Medicare/Medicaid program. A provider/supplier participating in the Medicare/Medicaid program under this approval will continue to be eligible to participate until a determination of non-compliance is made.

For information regarding enrollment as a Medicaid Provider or if you need a Provider Enrollment Application, you should contact the Medicaid Provider Enrollment office at (225)-342-9500.

If you have any additional questions you may contact this office at 225-342-6446.

Initial Provider Memorandum - Information/forms included in the Initial Certification packet:

CMS 359 - CORF Report for Certification/Participation in the Medicare Program link to form:
<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS359.pdf>

Form CMS-1561 Health Insurance Benefit Agreement (submit 2 forms each with original signatures, sign in the 3rd section as the successor if accepting the provider agreement):

<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1561.pdf>

Fiscal Intermediary Preference/Fiscal year end date: Form HSS-ALL-21

Federal Conditions of Participation Specialized Providers. Link below: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-485/subpart-B>

HSS-1513L - Disclosure of Ownership and Control Interest Statement

Office for Civil Rights (OCR) Forms Memo – Link to OCR Portal

<https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>

Link to CMS Forms: <https://www.cms.gov/medicare/forms-notices/cms-forms-list>

The following forms/information are to be returned to state office if requesting participation in Medicare:

Letter of Intent (anticipated date of opening) and location of facility, services provided, etc.

Names and titles of Administrator, and providers of Nursing services and Core services re: Physician services, Physical, Occupational, Speech Therapy services, and Social or Psychological services who meet the qualification set forth in the Federal regulations. Please provide documentation of current licensure and/or certification and resumes.

CMS 359 - CORF Report for Certification/Participation in the Medicare Program

CMS 1561 - Health Agreement (2 signed originals)

Fiscal Intermediary Preference/Fiscal year end date Form

HSS-1513L - Disclosure of Ownership and Control Interest Statement

Onsite inspection report form with approval from Office of State Fire Marshal

Documentation of existence of fire alarm system

Office for Civil Rights Forms Memo - Electronic verification from the Office of Civil Rights (OCR) of successful submission of the attestation- <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>