



Mike Braun
Governor

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State Health Commissioner

INITIAL LICENSURE AND FEDERAL CERTIFICATION INSTRUCTION LETTER

Dear applicant:

This letter instructs the applicant on how to obtain a license to operate a Home Health Agency and instructs the applicant on how to be Federally Certified to provide services to Medicare and Medicaid recipients. FSSA announced on June 26, 2025, that all Medicaid providers will need to be dually certified as a Medicare and Medicaid provider **by July 1, 2026**.

The license application to operate a home health agency (State Form 4008) must be completed in its entirety and submitted to the Indiana Department of Health (IDOH), along with supporting documents and the required \$250 **non-refundable license application fee**. Mail the entire application packet to the IDOH addressed as follows:

**Indiana Department of Health
2 North Meridian Street
Attention: Cashier's Office
Indianapolis, IN 46204**

A home health agency's license to operate expires one year after the date of issuance of initial license and the license must be renewed annually. To review a license, the home health agency must complete a "Renewal Application for License to Operate a Home Health Agency" application (State Form 48851), applicant documentation and a non-refundable licensure fee of \$250. The documentation and licensure fee must be submitted at least 60 days, but not sooner than 90 days before the expiration date of the current license. There will be no reminders of when your license is due.

LICENSURE APPLICATION (State Form 4008)

IDOH is requesting the following information be included with the initial licensure "Application for License to Operate a Home Health Agency" (State Form 4008) to facilitate the approval and to process the application.

Licensure Application

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.

2 North Meridian Street • Indianapolis, Indiana 46204 • 317-233-1325 • health.in.gov

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The Indiana Department of Health is accredited by the Public Health Accreditation Board.



Submit all documentation requested on the licensure application and in this letter. The "Application for License to Operate a Home Health Agency" (State Form 4008) is available on the IDOH website at <https://www.in.gov/health/cshcr/acute-and-continuing-care/home-health-agency-hha-licensing-and-certification-program/>. The provider can obtain (and complete) the form online, print, sign and submit with required documentation as indicated below.

Licensure Fee

A non-refundable \$250 licensure fee made payable to IDOH. Once IDOH receives the application packet, it will go to the cashier's office for processing and to ensure clearance. Note: Acceptance and clearance of the check alone does not allow an applicant to immediately begin admitting patients.

Other Documents to Submit with the Application:

Failure to provide all required documents will delay the approval of a provisional license. IDOH will only request corrections/additions three times. If the application remains incomplete after three requests, the application will be denied. Applicants will have 30 days to provide the corrections/additional requests.

1. Cover Letter

Please include a cover letter with the application to include:

- Agency legal and dba name (if any)
- Point of contact
- Physical location
- Telephone number
- Mailing address
- Include if you would like IDOH to conduct the initial state licensure survey only and have the accrediting organization to conduct the initial federal certification or if you would like IDOH to conduct both the initial state licensure and initial federal certification survey.

2. Secretary of State (SOS)

Submit applicable documentation from the Indiana Secretary of State (SOS). If a limited Partnership, submit a copy of the "Application for Registration" and "Certificate of Registration" signed by the Indiana Secretary of State.



- If a corporation, submit a copy of the "Articles of Incorporation" and "Certificate of Incorporation" signed by the Indiana Secretary of State.
- If applicant is an out of state corporation (foreign corporation), submit a copy of the "Certificate of Authority" to do business in the State of Indiana signed by the Indiana Secretary of State.
- If a Limited Liability Company, submit a copy of the "Articles of Organization" and the "Certificate of Organization" signed by the Indiana Secretary of State.
- If the "doing business as" (d/b/a) name is different from the corporation's (direct owner) name submit "Certificate of Assumed Business Name" or "Articles of Incorporation" that list the owner and d/b/a name signed by the Indiana Secretary of State.

3. Internal Revenue Service

Submit a document from the Internal Revenue Service (IRS) that reflects the legal entity's name and EIN number. **Do not** send a request form that the provider completed requesting an EIN number. **The document must be from the IRS and reflects the legal name and EIN number.**

4. Criminal History Checks

Submit current copies of national criminal history or expanded criminal history background checks on the administrator, alternate administrator, nursing supervisor, alternate nursing supervisor, and owners/officers.

Ensure that the agency conducts national criminal history or expanded criminal history checks on all employees. This will be reviewed during the survey.

Agency must ensure that the chosen vendor obtains the required background check for home health. FBI "Identify Summary History" will not be accepted.

Indiana Code (IC) 16-27-2-0.5 - Defines expanded criminal history check.

IC 16-27-2-2.1 - Defines national criminal history background check

If you are an existing agency please email a copy of the license to the Indiana State Police (ISP), at applicantprocessing@isp.in.gov and ISP will send you a form to fill out and return to get your agency added. If you are a new home health care or personal services agency and do not have



your agency's license, please email applicantprocessing@isp.in.gov. Please fill out the attached form and return it to get your new agency added. Once ISP receives the form back, ISP will get your agency added and send you the information. After you receive the information, you may have your prints taken. To obtain a your results please send the request to applicantprocessing@isp.in.gov along with a picture of your ID with current address and the TCR and TCN numbers (on receipt or you may contact ISP and request these numbers). Once ISP receives this, we will email your results.

Once you receive your home health care/personal services agency license, you will need to email a copy of the license to applicantprocessing@isp.in.gov. This must be done within 180 days, or your agency will be removed from the inkless registration site. It will be the provider's responsibility to send the ISP license. ISP will not remind or notify the provider of the removal.

Any applicant may contact ISP directly at applicantprocessing@isp.in.gov

5. Resumes:

All resumes should include name, address, dates of employment, position, health-related experience, and supervisory experience (type of staff supervised and length of time in the supervisory role). The administrator/alternate administrator as well as the clinical supervisor (manager) and alternate clinical supervisor (manager) must meet the minimum criteria (personnel file is subject to review during survey):

***Personal service agency and assisted living facilities where non-medical care is provided, is not be considered relevant experience.*

Administrator/alternate administrator:

As defined in 42 CFR 484.115(a)(2)

- (i): Is a licensed physician, a registered nurse, or holds an undergraduate degree; AND
- (ii) Has experience in health service administration, with at least 1 year of supervisory or administrative experience in home health care or a related health care program.



Clinical supervisor:

As defined in 410 Indiana Administrative Code 17-12-1

(d): A physician or registered nurse who has two (2) years of nursing experience, with at least one (1) year of supervisory or administrative experience, shall supervise and direct nursing and other therapeutic services.

Licensure application (State Form 4008) helpful hints:

- **Section I - Type of Application**

Please check the appropriate box for the type of application the agency is submitting. The selection is either for a "new agency" or a Change of Ownership (CHOW).

If the application is submitted for a CHOW of an existing home health agency, the application packet, documentation, and non-refundable license fee of \$250 is required. The application, documentation and licensure fee must be submitted at least 30 days prior to the effective date of the CHOW. Submit the applicable purchase agreement with buyer/seller signatures, identity of corporation and DBA and effective date of transaction.

Submission of the application form and supporting documents within the time frames set out above will avoid expiration of licensure and/or unnecessary delays in obtaining authority to operate a new home health agency, or to assume control of an existing home health agency.

- **Section IIA - Practice Location**

- If the "doing business name" (d/b/a) is different from the direct owner/entity the d/b/a must be registered with the State of Indiana Office of the Secretary of State. Submit "Certificate of Doing Business Name" document signed by the State of Indiana, Office of the Secretary of State that list owner/entity name and d/b/a.
- **Email address:** Please make this address a generic agency address, not a person specific email address.
- **Mailing address:** This is the address for current and future mailings; if this is a temporary address please indicate. It is the agency's responsibility to notify the department when the address changes.



- **Phone/fax:** These numbers should be directed to the agency.
- **Office hours:** Include the day and time when the office will be open. (Note: All surveys are unannounced. You are expected to have someone working or be available for survey within two hours of arrival. A designated person can assist the surveyors with requested documents so there is no delay in patient selection and scheduling home visits).
- **Section IIB - Licensee/ownership information**
 - The owner/entity as registered with the Indiana Secretary of State (SOS) and appears on the Articles of Incorporation, etc. signed by the SOS. Submit Articles of Incorporation, etc. from the SOS and SS-4 form or other comparable document from the Internal Revenue Service (IRS) that reflects the owner/entity name, d/b/a if applicable and EIN number.
 - Please do not put the name of the person in this section. Only put the Legal name d/b/a that is shown on the Secretary of State form. (Ex. ABC d/b/a 123)
- **Section IID - Types of home services to be provided:**
 - Check only the services that you plan to provide at the time of your survey; **do not** check off the services that you plan to offer in the future.
 - ***Per IC 16-27-1-2 and 42 CFR 484.105(f), a home health agency must provide skilled nursing services. Although Medicaid recognizes medication set-up as a skilled service, Medicare does not. To be dually certified, you will need to provide skilled nursing services as defined in the CMS Program Integrity Manual Chapter 7. Patient selection and home visit are based on unduplicated admissions in the last 12 months for Medicare skilled services.*
- **Section IIE - Types of personal services to be provided**
 - Only complete if you plan on providing these services under your home health license. If you provide these services under a Personal Service Agency license, do not fill out.



- **Section III - Staffing**

- Please note the qualifications for each position shown on the application. It is the provider's responsibility to ensure that all candidates meet the minimum required qualifications before submitting the application.

- **Section IV - Ownership and controlling interest**

- List the names and address of individual or organizations having direct ownership or controlling interest of five percent (5%) or more in the applicant entity. Include the percentage (%) that each person has.

- **Section VII - Certification of application**

- The individual who signs the application form must be either an officer or director of the applicant entity (if corporation), or one of the partners (if partnership). If the application is signed by an individual other than an officer, director, partner, or sole proprietor, then one of the officers, directors, partners, or sole proprietor, as listed in Item IV (D)(1) and IV (D) (2) of the application form, must give that individual written permission, in the form of a notarized affidavit, to sign on his/her behalf. A copy of this written permission must be included with the application packet.
- In the event additional information is requested the Department needs reliable contact information.

The application will be reviewed in the order in which it was received by IDOH and as priority is dictated by the Home and Community Based-Care Division. Please allow 30-60 days for review and processing. The review process will be as follows:

- IDOH **will not accept** provider walk-ins requesting immediate review and approval of application and licensure due to provider's timelines.
- IDOH **will not accept** providers calling to request immediate review and approval of application and licensure due to provider's timelines.
- IDOH **will not accept** providers emailing to request immediate review and approval of initial/revised application and licensure due to provider's timelines.
- IDOH **will review** applications in the order received.



- The provider **may call** to request the status of the application.
- All documentation **must** be received and approved prior to issuing a license.
- For faster processing, **do not** return the application in a binder or enclosed with sheet protectors. You may use colored sheets of paper to separate documents or paperclips. The colored pages may be identified by topic. **Do not** use tabs or staples.

Provisional License:

When the Home and Community Based Care Division at the Indiana Department of Health (IDOH) receives your completed application, disclosure of ownership and management information regarding operation of a home health agency, pursuant to 410 IAC 17-10-1 (e), IDOH may issue a provisional license to operate as a home health agency. The provisional license is only valid for 90 days. The first two numbers are the year of your license, followed by six numbers. The first five numbers are your facility ID. The last number is for IDOH purposes. When sending emails, please provide the facility ID or license number along with the name of the agency you are referencing, so we can better serve you. **You will not receive a reminder notice of when your provisional license expires and as of July 1, 2025, you will only be able to receive one ninety 90 day extension.**

Prior to an initial state licensure survey, IDOH requests the following:

- 1) Your agency provides care for at least three active patients;
- 2) Your agency in compliance with all the rules and regulations under 405 IAC 5-16-3 & 3.1; 410 IAC 17-10-1; IC 16-27, and/or 42 CFR 484; and
- 3) Your agency has provided or is providing the services indicated in your application.
Note: An aide service cannot be substituted by another discipline).

Additionally, the Centers for Medicare and Medicaid Services (CMS) and Family and Social Service Administration (FSSA) requires your agency to provide skilled care for 10 patients, seven of which must be active and receive skilled services prior to an initial federal Medicare certification and/or initial federal Medicaid survey.

The agency cannot have pseudo patients nor "borrow" or share patients and employees with other providers, especially personal service agency clients that have attendant care services.



The state agency and the accrediting organization (if any) must receive the initial approval to conduct a survey from your Medicare administrative contractor (MAC), generally Palmetto, before the initial federal survey can be conducted. This can take up to three to six months.

If the provider cannot interpret the State Statute IC-16-27 or Rules 410 IAC 17, or 42 CFR 484, the provider may obtain an attorney or consultant for interpretation.

The provider may contact the Indiana Association for Home and Hospice Care (IAHHC), 6320-G Rucker Road, Indianapolis, IN 46220, telephone number 317/775-6675 to attend a home health 101 training class for home health agencies. IAHHC web address is www.iahhc.org.

How Does a Home Health Agency Become Dually Certified to Provide Medicare and Medicaid Services?

To be a dually certified provider, the agency must apply for enrollment in the Medicare program, which involves submitting applications via mail or online through Provider Enrollment, Chain, and Ownership System (PECOS.) The application will undergo a review by the Medicare administrative contractor (MAC) and state agency. The home health agency will also have to enroll with Indiana Health Coverage Programs (IHCP) to become a provider. Providers are encouraged to use the IHCP Provider Healthcare Portal to apply and maintain their enrollment.

Both Medicaid and Medicare must meet the Conditions of Participation at 42 CFR 484, Appendix B.

Applying for Medicare Enrollment:

Please review the Medicare Program Integrity Manual (Chapter) 10.2.1.6-Home Health agencies for explanation of the approval process at <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/pim83c10.pdf>.

Application:

Licensed home health agencies can apply for enrollment in the Medicare program via mail or online through PECOS (<https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>). The agency will need to complete and submit federal forms, including the Medicare Enrollment Application MS-855A (<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf>).

**Other required forms:**

- Health Insurance Benefit Agreement (CMS-1561) <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1561.pdf>
- HHS 690 Assurance of Compliance Medicare <https://www.hhs.gov/sites/default/files/hhs-690.pdf>
- OMB No. 0945-0006, Civil Rights Information Request for Medicare Certification <https://www.hhs.gov/sites/default/files/ocr/civilrights/clearance/pregrantchecklist.pdf>

Applying for Medicaid Enrollment:

The IHCP Provider Enrollment Transactions page offers information about the current provider enrollment process, including links to several webpages with detailed information helpful to providers interested in serving IHCP members.

The IHCP enrollment webinar, Ways to Avoid Common Mistakes During the Enrollment Process, is another resource and covers important details for enrolling as an IHCP provider. You can find these links at the Indiana Medicaid for Providers website at <https://www.in.gov/medicaid/providers/provider-enrollment/become-a-provider/>.

Application:

<https://portal.indianamedicaid.com/hcp/Default.aspx?alias=portal.indianamedicaid.com/hcp/provider>

National provider identifier

All healthcare providers require a National Provider Identifier (NPI). The unique identifier is assigned by the National Plan and Provider Enumerator System (NPPES). This is a separate process from Medicare and IHCP enrollment. To obtain an NPI, apply online at the NPPES website at <https://nppes.cms.hhs.gov/>.

Home Health Services under Medicare

(Review Chapter 7 of the Medicare Benefit Policy Manual for services billable under home health services)



Home health services are subject to the consolidated billing (CB) governing Home Health Prospective Payment System (HH PPS):

Per §1861(m) of the Social Security Act (known as "The Act"), the term "part-time or intermittent" for purposes of coverage means skilled nursing and home health aide services furnished any number of days per week as long as they are furnished (combined) less than eight hours each day and 28 or fewer hours each week (or subject to review on a case-by-case basis as to the need for care, less than eight hours each day and 35 or fewer hours per week). See §50.7 of Chapter 7. Other Medicare services can include physical, occupational, and/or speech language therapy, medical social services, negative pressure wound therapy device (NPWT) routine and non-routine medical supplies. (Review Chapter 7 for more information).

Medicare covers home health services when all these criteria are met:

- The beneficiary to whom services are provided is eligible and enrolled in Part A and/or Part B of the Medicare Program.
- The beneficiary is eligible for coverage of home health services; the HHA furnishing the services has a valid agreement in the effect to participate in the Medicare Program.
- The services for which payment is claimed are covered under the Medicare home health benefit.
- Medicare is the appropriate payer; and
- The services are not otherwise excluded from payment.

Criteria for a patient to be eligible for Medicare home health services (he/she must meet all of these criteria):

- Be confined to the home (that is, homebound-Please review the Home Health Prospective Payment System and the Medicare Program Integrity Manual for criteria information on homebound status).
- Need skilled services
- Be under the care of a physician
- Receive services under a home health plan of care established and periodically reviewed by a physician and services with a physician or an allowed non-physician practitioner no more than 90 days prior to the home health start -of-care date or within 30 days of the start of the home health care.

Home Health Services under Medicaid

Per 405 IAC 5-16-3 "Prior Authorization for HHA Services", the providers must determine:



- a. *Severity of illness and symptoms*
- b. *Stability of the condition and symptoms*
- c. *Change in medical condition that affects the type or units of service that can be authorized*
- d. *Treatment plan, including identified goals*
- e. *Intensity of care required to meet needs*
- f. *Complexity of needs*
- g. *Amount of time required to complete treatment task*
- h. *Rehabilitation potential*
- i. *Whether the services required in the current care plan are consistent with prior care plans.*
- j. *Need for instructing the member on self-care techniques in the home or need for instructing the caregiver on caring for the member in the home, or both.*

Per 405 IAC 5-16-3.1 "Home health agency services; limitations. Sec. 3.1(a)

In addition to the prior authorization requirements as outlined in section 3 of this rule, services provided by a registered nurse, licensed practical nurse, home health aide, or renal dialysis aide employed by a home health agency must be as follows:

- a. *Prescribed or ordered in writing by a physician*
- b. *Provided in accordance with a written plan of treatment developed by the attending physician*
- c. *Intermittent or part time, except for ventilator-dependent patients who have developed plan of home health care*
- d. *Health-related nursing care. Homemaker, chore services, and sitter/companion service are not covered, except as specified under applicable Medicaid waiver programs*
- e. *Medically necessary*

Medicaid PA – home health aide services

- *Eligibility: Individuals must meet medical criteria, typically requiring skilled nursing or home health aide services.*
- *Considerations: May require a nurse oversight function, and it's important to determine if the client's health condition is medically complex or unstable. Totally dependent client, advance amyotrophic lateral sclerosis (ALS-Lou Gehrig's disease) client, trach client, or advance dementia.*



- *Coverage: Can include activities like bathing, dressing, mobility, toileting, and other personal care needs.*

Attendant care services:

- *Basic Services: Assist getting in and out of bed; Assistance with routine bodily functions ex. Bathing and personal hygiene; dressing and grooming; feeding including preparation and clean-up. (key word is assistance)*
- *Assists with household chores, transportation, errands, and companionship.*
- *Activities not allowed: Services provided for a participant regarding specialized feeding, unless permitted under law and no duplication of Indiana Medicaid State Plan services.*

Services provided to a participant requiring the management of the following:

- *Uncontrolled seizures, infusion therapy, venipuncture, injection, wound care for decubitus and incision, ostomy care, tube feedings, services provided as a substitute for care provided by a RN, LPN, MD or other health professional; setting up and administering medications; and assisting with catheter and ostomy care.*
- *Services provided to household members other than to the participant.*

When You Are Ready for Your Survey

Please include the facility name and ID/license number, address, and the number of patients and types of services you have provided.

Contact IDOH Home and Community Based Care Division at hcbc@health.IN.gov 30 days before the provisional license expires. Failure to do so may result in a denial and you will have to reapply.

All surveys are unannounced and cannot be scheduled.

Please make sure that home visits are not scheduled for one day but throughout the week. Surveyors must make at least three home visits to ensure compliance.

If you chose to use an accrediting organization to conduct your initial Medicare/Medicaid certification survey, below is a list of CMS approved accrediting organizations who may conduct the initial survey:



- Community Health Accreditation Partner (CHAP) - <http://www.chapinc.org/>
- The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) - <http://www.jointcommission.org/>
- Accreditation Commission for Health Care (ACHC) - <https://www.achc.org/>

**You cannot have an initial federal accrediting survey until you have successfully passed your initial licensure survey and received your provisional license.

What Happens After the Initial Federal survey?

Once IDOH receives all required documents, conducts a successful survey/or receives a successful survey from the accrediting organization, IDOH will submit all required documents with a Certificate and Transmittal (CMS 1539) to your MAC, FSSA, and Gainwell technologies to recommend approval for your Medicare/Medicaid enrollment. The MAC and FSSA will notify you separately of your Provider Transaction Access Number (PTAN)/Medicaid billing numbers so you can start submitting your claims for services provided.

The Home and Community Based Care Newsletter

This is a free email newsletter published by the Indiana Department of Health (IDOH), Consumer Services and Health Care Regulation Commission. The newsletter is a resource with program updates related to licensing, surveying and other relevant information to providers. Go to our website at <https://www.in.gov/health/cshcr/home-and-community-based-care/newsletter/> to subscribe.