



RE: Comprehensive Outpatient Rehabilitation Facility

This letter is in response to your request for information regarding **Medicare approval as a Comprehensive Outpatient Rehabilitation Facility (CORF) or information regarding a Change of Ownership (CHOW)**. This Office is responsible for assisting the Centers for Medicare and Medicaid (CMS), formally known as HCFA, in performing the certification function for those providers wishing to participate in the Medicare Program.

PRE-SURVEY REQUIREMENTS:

Enclosed you will find the Medicare Conditions of Participation and other HCFA forms which you must complete and return to this Office. Please note that **TWO** signed originals of the HCFA 1561, Health Insurance Benefit (HIB) Agreement are required. Instructions for completing the HIB are as follows:

- On the first and third line of the HIB form, enter the entrepreneurial name of the facility. If a trade name is used, follow the entrepreneurial name by the d/b/a (trade name). Ordinarily, the entrepreneurial name is the same as the legal name used on all official IRS correspondence concerning payroll withholding taxes, such as the W-3 or 941 forms. For example, Health Services, Inc., owner of Atlanta CORF, would enter on the agreement: "Health Services, Inc. d/b/a Atlanta CORF." A partnership of several persons would complete the agreement to read: "Robert Johnson, Louis Miller, and Paul Allen, ptr., d/b/a Atlanta CORF." A sole proprietorship would complete the agreement to read: "John Smith d/b/a Atlanta CORF."
- It is imperative that the PERSON WHO SIGNS the agreement is **AUTHORIZED BY THE LEGAL OWNERS** to sign and enter into this provider agreement with CMS. Original signature, title, and date of signature are required following the words "accepted for the provider of services by."

As of November 1, 2001, **your Fiscal Intermediary (FI) will supply CMS 855 provider enrollment forms to you**. Please contact your FI for the 855 Forms and for answers to questions related to completion of the forms. The FI for CORFs is Blue Cross/Blue Shield of Georgia (8663050028) and the CMS web site is **www.cms.hhs.gov**. The FI should notify this Office of its recommendation for approval or denial for enrollment or change of ownership (CHOW) within 30 calendar days of receipt of the completed 855 application. Once this Section is notified that the initial Medicare enrollment or CHOW has been approved and all other required forms have been submitted, the Medicare survey process will be initiated or the CHOW will be processed. **PLEASE NOTE THAT A SURVEY CANNOT BE CONDUCTED OR A CHOW PROCESSED UNTIL AN APPROVED CMS 855 FORM IS RECEIVED FROM THE FI.**

THE MEDICARE SURVEY PROCESS:

You must be supplying services, (i.e., have patients) before this Office can survey or recommend certification to CMS; therefore, please indicate on the enclosed "Request for Medicare Survey Form", the date you anticipate being fully operational and ready for a Medicare survey. Please indicate the days and hours of operation. If the date you anticipate being fully operational changes, please notify this Office immediately. By CMS policy, all certification surveys must be **UNANNOUNCED**. The Health Care Section will conduct the unannounced federal survey generally within 21 days from the date our Section receives your notice in writing that you are **fully operational** and ready for the Medicare survey, all the required HCFA forms are complete, and the FI has approved your provider enrollment (855 form).

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Comprehensive Outpatient Rehabilitation Facility

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Our surveyors will inspect your facility, conduct interviews, review documents, and undertake other procedures necessary to evaluate the extent to which your facility meets the Conditions of Participation for CORFs.

If your agency is found to be in full compliance with the Medicare Conditions of Participation, then this Office will recommend to CMS that you agency be certified for participation in the Medicare program effective the date of the survey.

If condition level deficiencies are identified during the course of the survey, this Office will recommend to CMS that your application to participate in the Medicare program be denied. If CMS accepts this recommendation, CMS will send a notice giving the reasons for denial and informing you of your right to appeal.

If deficiencies below the condition level are identified during the course of the survey, you will be given an opportunity to submit an acceptable plan of correction. This Office will recommend to CMS that your CORF be certified effective the date that you submit an acceptable plan of correction.

LABORATORY SERVICES:

If you anticipate that your facility will be performing any clinical laboratory testing or specimen collection, you need to contact the Diagnostic Services Unit at (404) 657-5450. This Unit will assist you in determining whether there are additional federal and state laboratory requirements that your facility will have to meet.

ISSUANCE OF PROVIDER NUMBER:

After CMS determines that all requirements for participation in the Medicare program are met, the Health Insurance Benefit Agreement will be countersigned by CMS, who will return one copy of the approval agreement to you along with your assigned supplier number for participation in the Medicare Program. You **cannot claim provider reimbursement for services furnished to Medicare patients prior to approval from CMS.**

Should you have any questions concerning the information in this letter or the completion of enclosed forms, please do not hesitate to contact the Specialized Care Unit at (404) 657-5411.

Enclosures:

- 1-Medicare Rules and Regulations
- 2-HCFA 359 Request for Medicare Certification (**PLEASE CALL THE OFFICE FOR THIS FORM**)
- 3-Request for a Medicare Survey Form
- 4-HCFA 1561 Health Insurance Benefit Agreement (2)
- 5-HHS 690 - Title VI form (1)

Documents That Establish Identity

For individuals 18 years of age or older:

- Driver's license or ID card issued by a state or outlying possession of United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
- ID card issued by federal, state, or local government Agencies or entities provided it contains a photograph or Information such as name, date of birth, sex, height, eye color, and address (including U.S. Citizen ID Card [INS Form I-197] and ID Card for use of Resident Citizen in the U.S. [INS Form I-179])
- School identification card with a photograph
- Voter's registration card
- United States Military card of draft record
- Military dependent's identification card
- United States Coast Guard Merchant Mariner Card
- Native American tribal document
- Driver's license issued by a Canadian government authority

FEDERAL REGULATIONS SET FOR CORF

Tags and Regulation Definition

I 0501

Title COMPLIANCE WITH STATE AND LOCAL LAWS CFR 485.54

Type Condition

The facility and all personnel who provide services must be in compliance with applicable state and local laws and regulations.

I 0502

Title LICENSURE OF FACILITY CFR 485.54(a)

Type Standard

If state or local law provides for licensing, the facility must be currently licensed or approved as meeting the standards established for licensure.

I 0503

Title LICENSURE OF PERSONNEL CFR 485.54(b)

Type Standard

Personnel that provide a service must be licensed, certified, or registered in accordance with applicable state and local laws.

I 0505

Title GOVERNING BODY AND ADMINISTRATION CFR 485.56

Type Condition

The facility must have a governing body that assumes full legal responsibility for establishing and implementing policies regarding the management and operation of the facility.

I 0506

Title DISCLOSURE OF OWNERSHIP CFR 485.56(a)

Type Standard

The facility must comply with the provisions of Part 420, Subpart C of this chapter that require health care providers and fiscal agents to disclose certain information about ownership and control.

I 0507

Title ADMINISTRATOR CFR 485.56(b)

Type Standard

The governing body must appoint an administrator who has certain, specified responsibilities and authorities.

I 0508

Title ADMINISTRATOR CFR 485.56(b)

Type Element

The governing body must appoint an administrator who is responsible for the overall management of the facility under the authority delegated by the governing body.

I 0509

Title ADMINISTRATOR CFR 485.56(b)

Type Element

The governing body must appoint an administrator who implements and enforces the facility's policies and procedures.

I 0510

Title ADMINISTRATOR CFR 485.56(b)

Type Element

The governing body must appoint an administrator who designates, in writing, and individual who, in the absence of the administrator, acts on behalf of the administrator.

I 0511

Title ADMINISTRATOR CFR 485.56(b)

Type Element

The governing body must appoint an administrator who retains professional and administrative responsibility for all personnel providing facility services.

I 0512

Title GROUP OF PROFESSIONAL PERSONNEL CFR 485.56(c)
Type Standard

The facility must have a group of professional personnel associated with the facility that carry out specified duties and responsibilities.

I 0513

Title GROUP OF PROFESSIONAL PERSONNEL CFR 485.56(c)
Type Element

The facility must have a group of professional personnel associated with the facility that develops and periodically reviews policies to govern the services provided by the facility.

I 0514

Title GROUP OF PROFESSIONAL PERSONNEL CFR 485.56(c)
Type Element

The facility must have a group of professional personnel associated with the facility that consists of at least one physician and one professional representing each of the services provided by the facility.

I 0515

Title INSTITUTIONAL BUDGET PLAN CFR 485.56(d)
Type Standard

The facility must have an institutional budget plan that meets specified conditions.

I 0516

Title INSTITUTIONAL BUDGET PLAN CFR 485.56(d)
Type Element

The institutional budget plan must be prepared under the direction of the governing body, by a committee consisting of representatives of the governing body and the administrative staff.

I 0517

Title INSTITUTIONAL BUDGET PLAN CFR 485.56(d)
Type Element

The institutional budget plan must provide for:

- An annual operating budget prepared according to generally accepted accounting principles.
- A 3-year capital expenditure plan if expenditures in excess of \$100,000 are anticipated, for that period, for the acquisition of land; the improvement of land, buildings and equipment; and the replacement, modernization, and expansion of buildings and equipment.
- Annual review and updating by the governing body.

I 0518

Title PATIENT CARE POLICIES CFR 485.56(e)
Type Standard

The facility must have written care policies that govern the services it furnishes. The patient care policies must include specified rules and topics.

I 0519

Title PATIENT CARE POLICIES CFR 485.56(e)
Type Element

The patient care policies must include a description of the services that facility furnishes through employees and those furnished under arrangements.

I 0520

Title PATIENT CARE POLICIES CFR 485.56(e)
Type Element

The patient care policies must include rules for and personnel responsibilities in handling medical emergencies.

I 0521

Title PATIENT CARE POLICIES CFR 485.56(e)
Type Element

The patient care policies must include rules for the storage, handling, and administration of drugs and biologicals.

I 0522

Title PATIENT CARE POLICIES CFR 485.56(e)
Type Element

The patient care policies must include criteria for patient admission, continuing care, and discharge.

I 0523

Title PATIENT CARE POLICIES CFR 485.56(e)
Type Element

The patient care policies must include procedures for preparing and maintaining clinical records on all patients.

I 0524

Title PATIENT CARE POLICIES CFR 485.56(e)
Type Element

The patient care policies must include a procedure for explaining to the patient and the patient's family the extent and purpose of the services to be provided.

I 0525

Title PATIENT CARE POLICIES CFR 485.56(e)
Type Element

The patient care policies must include a procedure to assist the referring physician in locating another level of care for patients whose treatment has terminated and who are discharged.

I 0526

Title PATIENT CARE POLICIES CFR 485.56(e)
Type Element

The patient care policies must include a requirement that patients accepted by the facility must be under the care of a physician.

I 0527

Title PATIENT CARE POLICIES CFR 485.56(e)
Type Element

The patient care policies must include a requirement that there be a plan of treatment established by a physician for each patient.

I 0528

Title PATIENT CARE POLICIES CFR 485.56(e)
Type Element

The patient care policies must include a procedure to ensure that the group of professional personnel reviews and takes appropriate action on recommendations from the utilization review committee regarding patient care policies.

I 0529

Title DELEGATION OF AUTHORITY CFR 485.56(f)
Type Standard

The responsibility for overall administration, management and operation must be retained by the facility itself and not delegated to others.

I 0530

Title DELEGATION OF AUTHORITY CFR 485.56(f)
Type Element

The facility may enter into a contract for purposes of assistance in financial management and may delegate to others the following and similar services:

- Bookkeeping.
- Assistance in the development of procedures for billing and accounting systems.
- Assistance in the development of an operating budget.
- Purchase of supplies in bulk form.
- The preparation of financial statements.

I 0531**Title** DELEGATION OF AUTHORITY CFR 485.56(f)**Type** Element

When the services listed in paragraph (f)(1) of this section are delegated, a contract must be in effect and:

- May not be a term of more than 5 years.
- Must be subject to termination within 60 days of written notice by either party.
- Must contain a clause requiring re-negotiation of any provision that HCFA finds to be in contravention to any new, revised, or amended Federal regulation or law.
- May not include clauses that state or imply that the contractor has power and authority to act on behalf the facility, or clauses that give the contractor rights, duties, discretions, and responsibilities that enable it to dictate the administration, management, or operations of the facility.

I 0532**Title** COMPREHENSIVE REHABILITATION PROGRAM CFR 485.58**Type** Condition

The facility must provide a coordinated rehabilitation program that includes, at a minimum, physicians' services, physical therapy services and social or psychological services. The services must be furnished by personnel that meet the qualifications set forth in Section 485.70 and must be consistent with the plan of treatment and the results of comprehensive patient assessments.

I 0533**Title** PHYSICIAN SERVICES CFR 485.58(a)**Type** Standard

Physician services must be adequate to comply with specific requirements.

I 0534**Title** PHYSICIAN SERVICES CFR 485.58(a)**Type** Element

A facility physician must be present in the facility for a sufficient time to:

- Provide, in accordance with accepted principles of medical practice, medical direction, medical care services and consultation.
- Establish the plan of treatment in cases where a plan has not been established by the referring physician.
- Assist in establishing and implementing the facility's patient care policies.
- Participate in plan of treatment reviews, patient case review conferences, comprehensive patient assessment and reassessments and utilization reviews.

I 0535**Title** PHYSICIAN SERVICES CFR 485.58(a)**Type** Element

The facility must provide for emergency physician services during the facility operating hours.

I 0536**Title** PLAN OF TREATMENT CFR 485.58(b)**Type** Standard

For each patient, a physician must establish a plan of treatment before the facility initiates treatment. The plan of treatment must meet specified requirements.

I 0537**Title** PLAN OF TREATMENT CFR 485.58(b)**Type** Element

The plan of treatment must delineate anticipated goals and specify the type, amount, frequency and duration of services to be provided.

I 0538**Title** PLAN OF TREATMENT CFR 485.58(b)**Type** Element

The plan of treatment must be promptly evaluated after changes in the patient's condition and revised when necessary.

I 0539**Title** PLAN OF TREATMENT CFR 485.58(b)**Type** Element

The plan of treatment must, if appropriate, be developed in consultation with the facility physician and the appropriate facility professional staff.

I 0540**Title** PLAN OF TREATMENT CFR 485.58(b)**Type** Element

The plan of treatment must be reviewed at least every 60 days by a facility physician who, when appropriate, consults with the professional personnel providing services. The results of this review must be communicated to the patient's referring physician for concurrence before treatment is continued or discontinued.

I 0541**Title** PLAN OF TREATMENT CFR 485.58(b)**Type** Element

The plan of treatment must be revised if the comprehensive reassessment of the patient's status or the results of the patient case review conference indicate the need for revision.

I 0542**Title** COORDINATION OF SERVICES CFR 485.58(c)**Type** Standard

The facility must designate, in writing, a qualified professional to ensure that professionals coordinate their related activities and exchange information about each patient under their care. Mechanisms to assist in the coordination of services must include specific items.

I 0543**Title** COORDINATION OF SERVICES CFR 485.58(c)**Type** Element

Mechanisms to assist in the coordination of services must include providing to all personnel associated with the facility, a schedule indicating the frequency and type of services provided at the facility.

I 0544**Title** COORDINATION OF SERVICES CFR 485.58(c)**Type** Element

Mechanisms to assist in the coordination of services must include a procedure for communicating to all patient care personnel pertinent information concerning significant changes in the patient's status.

I 0545**Title** COORDINATION OF SERVICES CFR 485.58(c)**Type** Element

Mechanisms to assist in the coordination of services must include periodic clinical record entries, noting at least the patient's status in relationship to goal attainment.

I 0546**Title** COORDINATION OF SERVICES CFR 485.58(c)**Type** Element

Mechanisms to assist in the coordination of services must include scheduling patient case review conferences for purposes of determining appropriateness of treatment, when indicated by the results of the initial comprehensive assessment, reassessment(s), the recommendation of the facility physician (or other physician who established the plan of treatment), or upon recommendation of one of the professionals providing services.

I 0547**Title** PROVISION OF SERVICES CFR 485.58(d)**Type** Standard

Each qualified professional involved in the patient's care, as specified in the provision of services, must carry out certain, specified duties.

I 0548**Title** PROVISION OF SERVICES CFR 485.58(d)**Type** Element

All patients must be referred to the facility by a physician who provides the following information to the facility before treatment is initiated:

- The patient's significant medical history.
- Current medical findings.
- Diagnosis(es) and contraindications to any treatment modality.
- Rehabilitation goals, if determined.

I 0549

Title PROVISION OF SERVICES CFR 485.58(d)

Type Element

Services may be provided by facility employees or by others under arrangements made by the facility.

I 0550

Title PROVISION OF SERVICES CFR 485.58(d)

Type Element

The facility must have on its premises the necessary equipment to implement the plan of treatment and sufficient space to allow adequate care.

I 0551

Title PROVISION OF SERVICES CFR 485.58(d)

Type Element

The services must be furnished by personnel that meet the qualifications of Section 485.70 and the number of qualified personnel must be adequate for the volume and diversity of services offered. Personnel that do not meet the qualifications specified in Section 485.70 may be used by the facility in assisting qualified staff. When a qualified individual is assisted by these personnel, the qualified individual must be on the premises, and must instruct these personnel in appropriate patient care service techniques and retain responsibility for their activities.

I 0552

Title PROVISION OF SERVICES CFR 485.58(d)

Type Element

A qualified professional must initiate and coordinate the appropriate portions of the plan of treatment, monitor the patient's progress, and recommend changes in the plan, if necessary.

I 0553

Title PROVISION OF SERVICES CFR 485.58(d)

Type Element

A qualified professional representing each service made available at the facility must be either on the premises of the facility or must be available through direct telecommunication for consultation and assistance during the facility's operating hours. At least one qualified professional must be on the premises during the facility's operating hours.

I 0554

Title PROVISION OF SERVICES CFR 485.58(d)

Type Element

All services must be provided consistent with accepted professional standards and practice.

I 0555

Title SCOPE AND SITE OF SERVICES CFR 485.58(e)

Type Standard

The facility must provide all the CORF services required in the plan of treatment and, with the exception of one home visit to evaluate the potential impact of the home environment on the rehabilitation goals, must provide the services on its premises.

I 0556

Title PATIENT ASSESSMENT CFR 485.58(f)

Type Standard

Each qualified professional involved in the patient's care, as specified in the plan of treatment, must carry out certain, specified duties.

I 0557

Title PATIENT ASSESSMENT CFR 485.58(f)

Type Element

Each qualified professional involved in the patient's care, as specified in the plan of treatment, must carry out an initial patient assessment.

I 0558

Title PATIENT ASSESSMENT CFR 485.58(f)

Type Element

Each qualified professional involved in the patient's care, as specified in the plan of treatment, must, in order to identify whether or not the current plan of treatment is appropriate, perform a patient reassessment after significant changes in the patient's status.

I 0559

Title CLINICAL RECORDS CFR 485.60

Type Condition

The facility must maintain clinical records on all patients in accordance with accepted professional standards and practice. The clinical records must be completely, promptly, and accurately documented, readily accessible, and systematically organized to facilitate retrieval and compilation of information.

I 0560

Title CONTENT CFR 485.60(a)

Type Standard

Each clinical record must contain sufficient information to identify the patient clearly and to justify the diagnosis and treatment. Entries in the clinical record must be made as frequently as is necessary to insure effective treatment, and must be signed by personnel providing services. All entries made by assistant level personnel must be countersigned by the corresponding professional. Documentation on each patient must be consolidated into one clinical record that must contain specified information.

I 0561

Title CONTENT CFR 485.60(a)

Type Element

The clinical record for each patient must contain the initial assessment and subsequent reassessments of the patient's needs.

I 0562

Title CONTENT CFR 485.60(a)

Type Element

The clinical record for each patient must contain the current plan of treatment.

I 0563

Title CONTENT CFR 485.60(a)

Type Element

The clinical record for each patient must contain identification data and consent or authorization forms.

I 0564

Title CONTENT CFR 485.60(a)

Type Element

The clinical record for each patient must contain pertinent medical history, past or present.

I 0565

Title CONTENT CFR 485.60(a)

Type Element

The clinical record for each patient must contain a report of pertinent physical examinations, if any.

I 0566

Title CONTENT CFR 485.60(a)

Type Element

The clinical record for each patient must contain progress notes or other documentation that reflect patient reaction to treatment, tests, or injury, or the need to change the established plan of treatment.

I 0567

Title CONTENT CFR 485.60(a)

Type Element

The clinical record for each patient must contain, upon discharge, a discharge summary including patient status relative to goal achievement, prognosis, and future treatment considerations.

I 0568

Title PROTECTION: CLINICAL RECORD INFORMATION CFR 485.60(b)

Type Standard

The facility must safeguard clinical record information against loss, destruction, or unauthorized use. The facility must have procedures that govern the use and removal of records and the conditions for release of information. The facility must obtain the patient's written consent before releasing information not required to be released by law.

I 0569

Title RETENTION AND PRESERVATION **CFR** 485.60(c)
Type Standard

The facility must retain clinical record information for 5 years after patient discharge and must make provision for the maintenance of such records in the event that it is no longer able to treat patients.

I 0570

Title PHYSICAL ENVIRONMENT **CFR** 485.62
Type Condition

The facility must provide a physical environment that protects the health and safety of patients, personnel, and the public.

I 0571

Title SAFETY AND COMFORT OF PATIENTS **CFR** 485.62(a)
Type Standard

The physical premises of the facility and those areas of its surrounding physical structure that are used by the patients (including at least all stairwells, corridors and passageways) must meet specific requirements.

I 0572

Title SAFETY AND COMFORT OF PATIENTS **CFR** 485.62(a)
Type Element

Applicable Federal, State, and local building, fire and safety codes must be met.

I 0573

Title SAFETY AND COMFORT OF PATIENTS **CFR** 485.62(a)
Type Element

Fire extinguishers must be easily accessible and fire regulations must be prominently posted.

I 0574

Title SAFETY AND COMFORT OF PATIENTS **CFR** 485.62(a)
Type Element

A fire alarm system with local (in-house) capability must be functional, and where power is generated by electricity, an alternate power source with automatic triggering must be present.

I 0575

Title SAFETY AND COMFORT OF PATIENTS **CFR** 485.62(a)
Type Element

Lights, supported by an emergency power source, must be placed at exits.

I 0576

Title SAFETY AND COMFORT OF PATIENTS **CFR** 485.62(a)
Type Element

A sufficient number of staff to evacuate patients during a disaster must be on the premises of the facility whenever patients are being treated.

I 0577

Title SAFETY AND COMFORT OF PATIENTS **CFR** 485.62(a)
Type Element

Lighting must be sufficient to carry out services safely; room temperatures must be maintained at comfortable levels, and ventilation through windows, mechanical means, or a combination of both must be provided.

I 0578

Title SAFETY AND COMFORT OF PATIENTS **CFR** 485.62(a)
Type Element

Safe and sufficient space must be available for the scope of services offered.

I 0579

Title SANITARY ENVIRONMENT CFR 485.62(b)

Type Standard

The facility must maintain a sanitary environment and establish a program to identify, investigate, prevent, and control the cause of patient infections.

I 0580

Title SANITARY ENVIRONMENT CFR 485.62(b)

Type Element

The facility must establish written policies and procedures designed to control and prevent infection in the facility and to investigate and identify possible causes of infection.

I 0581

Title SANITARY ENVIRONMENT CFR 485.62(b)

Type Element

The facility must monitor the infection control program to ensure that the staff implement the policies and procedures and that the policies and procedures are consistent with current practices in the field.

I 0582

Title SANITARY ENVIRONMENT CFR 485.62(b)

Type Element

The facility must make available at all times a quantity of laundered linen adequate for proper care and comfort of patients. Linens must be handled, stored, and processed in such a manner that prevents the spread of infection.

I 0583

Title SANITARY ENVIRONMENT CFR 485.62(b)

Type Element

Provisions must be in effect to ensure that the facility's premises are maintained free of rodent and insect infestation.

I 0584

Title MAINTENANCE:EQUIP/PHYS.LOCATION/GROUND CFR 485.62(c)

Type Standard

The facility must establish a written preventative maintenance program to ensure equipment, physical location, and grounds.

I 0585

Title MAINTENANCE:EQUIP/PHYS.LOCATION/GROUND CFR 485.62(c)

Type Element

The facility must establish a written preventative maintenance program to ensure that all equipment is properly maintained and equipment needing periodic calibration is calibrated consistent with the manufacturer's recommendations.

I 0586

Title MAINTENANCE:EQUIP/PHYS.LOCATION/GROUND CFR 485.62(c)

Type Element

The facility must establish a written preventative maintenance program to ensure that the interior of the facility, the exterior of the physical structure housing the facility, and the exterior walkways and parking areas are clean and orderly and maintained free of any defects that are a hazard to patients, personnel, and the public.

I 0587

Title ACCESS FOR THE PHYSICALLY IMPAIRED CFR 485.62(d)

Type Standard

The facility must ensure appropriate access to the facility by the physically impaired.

I 0588

Title ACCESS FOR THE PHYSICALLY IMPAIRED CFR 485.62(d)

Type Element

The facility must ensure that doorways, stairwells, corridors, and passageways used by patients are:

- Of adequate width to allow for easy movement of all patients (including those on stretchers or in wheelchairs).
- In the case of stairwells, equipped with firmly attached handrails on at least one side.

I 0589

Title ACCESS FOR THE PHYSICALLY IMPAIRED CFR 485.62(d)

Type Element

The facility must ensure that at least one toilet facility is accessible and constructed to allow utilization by ambulatory and nonambulatory individuals.

I 0590

Title ACCESS FOR THE PHYSICALLY IMPAIRED CFR 485.62(d)

Type Element

The facility must ensure that at least one entrance is usable by individuals in wheelchairs.

I 0591

Title ACCESS FOR THE PHYSICALLY IMPAIRED CFR 485.62(d)

Type Element

The facility must ensure that in multi-story buildings, elevators are accessible to and usable by the physically impaired on the level that they use to enter the building and all levels normally used by the patients of the facility.

I 0592

Title ACCESS FOR THE PHYSICALLY IMPAIRED CFR 485.62(d)

Type Element

The facility must ensure that parking spaces are large enough and close enough to the facility to allow safe access by the physically impaired.

I 0593

Title DISASTER PROCEDURES CFR 485.64

Type Condition

The facility must have written policies and procedures that specifically define the handling of patients, personnel, records, and the public during disasters. All personnel associated with the facility must be knowledgeable with respect to these procedures, be trained in their application, and be assigned specific responsibilities.

I 0594

Title DISASTER PLAN CFR 485.64(a)

Type Standard

The facility's written disaster plan must be developed and maintained with assistance of qualified fire, safety, and other appropriate experts. It must include specified required procedures.

I 0595

Title DISASTER PLAN CFR 485.64(a)

Type Element

The facility's written disaster plan must include procedures for prompt transfer of casualties and records.

I 0596

Title DISASTER PLAN CFR 485.64(a)

Type Element

The facility's written disaster plan must include procedures for notifying community emergency personnel (for example, fire department, ambulance, etc.)

I 0597

Title DISASTER PLAN CFR 485.64(a)

Type Element

The facility's written disaster plan must include instructions regarding the location and use of alarm systems and signals and fire fighting equipment.

I 0598

Title DISASTER PLAN CFR 485.64(a)

Type Element

The facility's written disaster plan must include specification of evacuation routes and procedures for leaving the facility.

I 0599**Title** DRILLS AND STAFF TRAINING CFR 485.64(b)**Type** Standard

The facility must have a plan detailing drills and staff training.

I 0600**Title** DRILLS AND STAFF TRAINING CFR 485.64(b)**Type** Element

The facility must provide ongoing training and drills for all personnel associated with the facility in all aspects of disaster preparedness.

I 0601**Title** DRILLS AND STAFF TRAINING CFR 485.64(b)**Type** Element

All new personnel must be oriented and assigned specific responsibilities regarding the facility's disaster plan within two weeks of their first workday.

I 0602**Title** UTILIZATION REVIEW PLAN CFR 485.66**Type** Condition

The facility must have in effect a written utilization review plan that is implemented at least each quarter, to assess the necessity of services and promotes the most efficient use of services provided by the facility.

I 0603**Title** UTILIZATION REVIEW COMMITTEE CFR 485.66(a)**Type** Standard

The utilization review committee, consisting of the group of professional personnel specified in Section 485.56(c), a committee of this group, or a group of similar composition, comprised by professional personnel not associated with the facility, must carry out the utilization review plan.

I 0604**Title** UTILIZATION REVIEW PLAN CFR 485.66(b)**Type** Standard

The utilization review plan must contain certain written procedures for evaluations.

I 0605**Title** UTILIZATION REVIEW PLAN CFR 485.66(b)**Type** Element

The utilization review plan must contain written procedures for evaluating admissions, continued care, and discharges using, at a minimum, the criteria established in the patient care policies.

I 0606**Title** UTILIZATION REVIEW PLAN CFR 485.66(b)**Type** Element

The utilization review plan must contain written procedures for evaluating the applicability of the plan of treatment to established goals.

I 0607**Title** UTILIZATION REVIEW PLAN CFR 485.66(b)**Type** Element

The utilization review plan must contain written procedures for evaluating the adequacy of the clinical records with regard to:

- Assessing the quality of services provided.

- Determining whether the facility's policies and clinical practices are compatible and promote appropriate and efficient utilization of services.

I 9999**Title** CFR**Type**



B. J. Walker, Commissioner

Georgia Department of Human Resources • Office of Regulatory Services • Specialized Care Unit • Martin J. Rotter, Director
Health Care Section • Two Peachtree Street, NW • Suite 33-250 • Atlanta, Georgia 30303-3142
404-657-5411 • FAX 404-657-8934

Date: _____

MEMORANDUM

TO: Health Care Section
Office of Regulatory Services
2 Peachtree St., SW, Suite 33.250
Atlanta, GA 30303-3142

FROM: _____ (administrator's name)
_____ (facility name)
_____ (facility address)
_____ (additional space)
_____ (Type of Program)

RE: Request for Medicare Survey

Our facility will be ready for survey on or after: _____

I understand that our facility must be fully operational, i.e., have provided services to patients, and in compliance with all Medicare conditions as of the date set forth immediately above. If I determine that the facility will not be fully operational and ready for inspection on the "original" date listed above, I will immediately advise the Health Care Section orally and in writing of the changed date.

I further understand that surveyors for the Health Care Section will make an UNANNOUNCED visit (FOLLOWING THE RECEIPT OF THE HCFA FORM 855 APPROVED FROM THE INTERMEDIARY/SUPPLIER) and on the date that I have stated above the facility is fully operational or on the date that the Section received this written notification, whichever events occurs last. The purpose of the surveyors' visit will be to inspect the facility and determine whether the facility can be recommended for participation in the Medicare program. If the facility is not in compliance with the Medicare conditions at the time of the inspection, then the Health Care Section will send forward a recommendation to the Health Care Financing Administration (HCFA) that our facility not be certified.

To assist the Health Care Section in scheduling the unannounced survey, I am providing the following schedule of the facility's hours of operation for 21 days following the date I have stated that the facility will be ready for the Medicare survey.

The regular business days and hours of our facility are as follows:

NOTE: This memo must be returned so that a Medicare survey can be conducted at your facility. PLEASE return either with your application or as soon as you know that you are ready for survey.

HEALTH INSURANCE BENEFIT AGREEMENT

(Agreement with Provider Pursuant to Section 1866 of the Social Security Act,
as Amended and Title 42 Code of Federal Regulations (CFR)
Chapter IV, Part 489)

AGREEMENT

between

THE SECRETARY OF HEALTH AND HUMAN SERVICES
and

doing business as (D/B/A) _____

In order to receive payment under title XVIII of the Social Security Act, _____

D/B/A _____ as the provider of services, agrees to conform to the provisions of section of 1866 of the Social Security Act and applicable provisions in 42 CFR.

This agreement, upon submission by the provider of services of acceptable assurance of compliance with title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973 as amended, and upon acceptance by the Secretary of Health and Human Services, shall be binding on the provider of services and the Secretary.

In the event of a transfer of ownership, this agreement is automatically assigned to the new owner subject to the conditions specified in this agreement and 42 CFR 489, to include existing plans of correction and the duration of this agreement, if the agreement is time limited.

ATTENTION: Read the following provision of Federal law carefully before signing.

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or make any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both (18 U.S.C. section 1001).

Name _____ Title _____

Date _____

ACCEPTED FOR THE PROVIDER OF SERVICES BY:

NAME (signature) _____

TITLE _____

DATE _____

ACCEPTED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES BY:

NAME (signature) _____

TITLE _____

DATE _____

ACCEPTED FOR THE SUCCESSOR PROVIDER OF SERVICES BY:

NAME (signature) _____

TITLE _____

DATE _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0832. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-05-08

DATE: November 12, 2004

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Clarification of Survey Agency Responsibilities in Obtaining Information For Civil Rights Clearances For Initial Certifications And Changes of Ownership (CHOW)

Letter Summary

- The purpose of this letter is to remind state survey agencies (SAs) of their role in the Office for Civil Rights (OCR) clearance process.
- SAs are to include the OCR questionnaires and attestation forms with their initial enrollment package that is sent to a new provider or to a provider undergoing a CHOW.
- The role of the SA and the Centers for Medicare & Medicaid Services (CMS) is limited to obtaining the forms for OCR.

Section 2010 of the State Operations Manual (SOM) requires CMS to obtain information from new providers and those who have undergone CHOWs related to their compliance with civil rights requirements. The HHS Office for Civil Rights must make a determination that the provider is in compliance with the Civil Rights Act and other relevant statutes. In practice, CMS Regional Offices (ROs) will approve a provider's initial certification or a CHOW pending clearance from OCR. On rare occasions, OCR informs CMS that clearance has been denied or that the required assurances have not been submitted.

The SOM at section 2010 states: "The SA provides potential providers with required forms for OCR clearance and forwards the completed forms to the RO upon receipt."

- SAs are to include the OCR questionnaires and attestation forms with their initial enrollment package that is sent to a new provider or to a provider undergoing a CHOW.
- Completed forms must be returned by the provider to the SA with the rest of the application package.

- SAs should ascertain that completed OCR forms are included in the package before forwarding it to their CMS RO.
- If the provider does not include the OCR forms, inform the provider that the application will not be forwarded to CMS until the forms have been completed and returned to the SA.

Upon receipt of the OCR forms, the CMS RO forwards them to the Office for Civil Rights for processing and clearance. **The role of the SA and CMS is limited to obtaining the forms for OCR.**

Copies of the current version of the OCR forms are included with this transmittal. Effective immediately, SAs must include these forms with their initial certification and CHOW packages. Questions concerning the forms should be referred to your regional HHS Office for Civil Rights.

Effective Date: Immediately. The state agency should disseminate this information within 30 days of the date of this letter.

Training: The information contained in this announcement should be shared with all survey and certification staff and with managers who have responsibility for processing initial Medicare certifications and CHOW.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management

Attachments

Office for Civil Rights

Medicare Certification

Nondiscrimination Policies and Notices

Please note that documents in PDF format require [Adobe's Acrobat Reader](#).

The regulations implementing Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975 require health and human service providers that receive Federal financial assistance from the Department of Health and Human Services to provide notice to patients/residents, employees, and others of the availability of programs and services to all persons without regard to race, color, national origin, disability, or age.

Applicable Regulatory Citations:

Title VI of the Civil Rights Act of 1964: 45 CFR Part 80

§80.6(d) Information to beneficiaries and participants. Each recipient shall make available to participants, beneficiaries, and other interested persons such information regarding the provisions of this regulation and its applicability to the program for which the recipient receives Federal financial assistance, and make such information available to them in such manner, as the responsible Department official finds necessary to apprise such persons of the protections against discrimination assured them by the Act and this regulation.

Go to [45 CFR Part 80](#) for the full regulation.

Section 504 of the Rehabilitation Act of 1973: 45 CFR Part 84

§ 84.8 Notice. (a) A recipient that employs fifteen or more persons shall take appropriate initial and continuing steps to notify participants, beneficiaries, applicants, and employees, including those with impaired vision or hearing, and unions or professional organizations holding collective bargaining or professional agreements with the recipient that it does not discriminate on the basis of handicap in violation of section 504 and this part. The notification shall state, where appropriate, that the recipient does not discriminate in admission or access to, or treatment or employment in, its programs and activities. The notification shall also include an identification of the responsible employee designated pursuant to §84.7(a). A recipient shall make the initial notification required by this paragraph within 90 days of the effective date of this part. Methods of initial and continuing notification may include the posting of notices, publication in newspapers and magazines, placement of notices in

recipients' publication, and distribution of memoranda or other written communications.

(b) If a recipient publishes or uses recruitment materials or publications containing general information that it makes available to participants, beneficiaries, applicants, or employees, it shall include in those materials or publications a statement of the policy described in paragraph (a) of this section. A recipient may meet the requirement of this paragraph either by including appropriate inserts in existing materials and publications or by revising and reprinting the materials and publications.

Go to 45 CFR Part 84 for the full regulation.

Age Discrimination Act: 45 CFR Part 91

§ 91.32 Notice to subrecipients and beneficiaries. (b) Each recipient shall make necessary information about the Act and these regulations available to its program beneficiaries in order to inform them about the protections against discrimination provided by the Act and these regulations.

Go to 45 CFR Part 91 for the full regulation.

Policy Examples

Example One (for posting in the facility and inserting in advertising or admissions packages):

NONDISCRIMINATION POLICY

As a recipient of Federal financial assistance, (insert name of provider) does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by (insert name of provider) directly or through a contractor or any other entity with which (insert name of provider) arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

In case of questions, please contact:

Provider Name:

Contact Person/Section 504 Coordinator:

Telephone number:

TDD or State Relay number:

Example Two (for use in brochures, pamphlets, publications, etc.):

(Insert name of provider) does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact: (insert name of Section 504 Coordinator, phone number, TDD/State Relay).

Medicare Certification

Communication with Persons Who Are Limited English Proficient

Please note that documents in PDF format require [Adobe's Acrobat Reader](#).

In certain circumstances, the failure to ensure that Limited English Proficient (LEP) persons can effectively participate in, or benefit from, federally-assisted programs and activities may violate the prohibition under Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, and the Title VI regulations against national origin discrimination. Specifically, the failure of a recipient of Federal financial assistance from HHS to take reasonable steps to provide LEP persons with a meaningful opportunity to participate in HHS-funded programs may constitute a violation of Title VI and HHS's implementing regulations. It is therefore important for recipients of Federal financial assistance, including Part A Medicare providers, to understand and be familiar with the requirements.

Applicable Regulatory Citations:

Title VI of the Civil Rights Act of 1964: 45 CFR Part 80

§80.3 Discrimination prohibited.

(a) General. No person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program to which this part applies.

(b) Specific discriminatory actions prohibited. (1) A recipient under any program to which this part applies may not, directly or through contractual or other arrangements, on ground of race, color, or national origin:

- (i) Deny an individual any service, financial aid, or other benefit under the program;
- (ii) Provide any service, financial aid, or other benefit to an individual which is different, or is provided in a different manner, from that provided to others under the program;
- (iii) Subject an individual to segregation or separate treatment in any matter related to his receipt of any service, financial aid, or other benefit under the program;
- (iv) Restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service, financial aid, or other benefit under the program;
- (v) Treat an individual differently from others in determining whether he satisfies any admission, enrollment, quota, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service, financial aid, or other benefit provided under the program;
- (vi) Deny an individual an opportunity to participate in the program through the provision of services or otherwise or afford him an opportunity to do so which is different from that afforded others under the program (including the opportunity to participate in the program as

an employee but only to the extent set forth in paragraph (c) of this section).

(vii) Deny a person the opportunity to participate as a member of a planning or advisory body which is an integral part of the program.

(2) A recipient, in determining the types of services, financial aid, or other benefits, or facilities which will be provided under any such program, or the class of individuals to whom, or the situations in which, such services, financial aid, other benefits, or facilities will be provided under any such program, or the class of individuals to be afforded an opportunity to participate in any such program, may not, directly or through contractual or other arrangements, utilize criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, or national origin, or have the effect of defeating or substantially impairing accomplishment of the objectives of the program as respect individuals of a particular race, color, or national origin.

Go to 45 CFR Part 80 for the full regulation.

Resources

For further guidance on the obligation to take reasonable steps to provide meaningful access to LEP persons, see HHS' "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," available at <http://www.hhs.gov/ocr/lep/>. This guidance is also available at <http://www.lep.gov/>, along with other helpful information pertaining to language services for LEP persons.

"I Speak" Language Identification Flashcard (PDF) From the Department of Commerce, Bureau of the Census, the "I Speak" Language Identification Flashcard is written in 38 languages and can be used to identify the language spoken by an individual accessing services provided by federally assisted programs or activities.

Technical Assistance for Medicare and Medicare+Choice organizations from the Centers for Medicare and Medicaid for Designing, Conducting, and Implementing the 2003 National Quality Assessment and Performance Improvement (QAPI) Program Project on Clinical Health Care Disparities or Culturally and Linguistically Appropriate Services-
<http://www.cms.hhs.gov/healthplans/quality/project03.asp>

Examples of Vital Written Materials

Vital written materials could include, for example:

- Consent and complaint forms.
- Intake forms with the potential for important consequences.
- Written notices of eligibility criteria, rights, denial, loss, or decreases in benefits or services, actions affecting parental custody or child support, and other hearings.

- Notices advising LEP persons of free language assistance.
- Written tests that do not assess English language competency, but test competency for a particular license, job, or skill for which knowing English is not required.
- Applications to participate in a recipient's program or activity or to receive recipient benefits or services.

Nonvital written materials could include:

- Hospital menus.
- Third party documents, forms, or pamphlets distributed by a recipient as a public service.
- For a non-governmental recipient, government documents and forms.
- Large documents such as enrollment handbooks (although vital information contained in large documents may need to be translated).
- General information about the program intended for informational purposes only.

Medicare Certification

Auxiliary Aids and Services for Persons With Disabilities

Please note that documents in PDF format require Adobe's Acrobat Reader.

Applicable Regulatory Citations:

Section 504 of the Rehabilitation Act of 1973: 45 CFR Part 84

§84.3 Definitions

(h) Federal financial assistance – means any grant, loan ... or any other arrangement by which [DHHS] makes available ... funds; services ...

(j) Handicapped person – means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

(k) Qualified handicapped person means - (4) With respect to other services, a handicapped person who meets the essential eligibility requirements for the receipt of such services.

§84.4 Discrimination prohibited

(1) General. No qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from Federal financial assistance.

Discriminatory actions prohibited -

(1) A recipient, in providing any aid, benefits, or service, may not, directly or through contractual, licensing, or other arrangements, on the basis of handicap:

(i) Deny a qualified handicapped person the opportunity to participate in or benefit from the aid, benefit, or service;

(ii) Afford a qualified handicapped person an opportunity to participate in or benefit from the aid, benefit, or service that is not equal to that afforded other;

(iii) Provide a qualified handicapped person with an aid, benefit, or service that is not as effective as that provided to others;

(iv) Provide different or separate aid, benefits, or services to handicapped persons or to any

class of handicapped persons unless such action is necessary to provide qualified handicapped persons with aid, benefits, or services that are as effective as those provided to others;

(v) Aid or perpetuate discrimination against a qualified handicapped person by providing significant assistance to an agency, organization, or person that discriminates on the basis of handicap in providing any aid, benefit, or service to beneficiaries of the recipients program;

(vi) Deny a qualified handicapped person the opportunity to participate as a member of planning or advisory boards; or

(vii) Otherwise limit a qualified handicapped person in the enjoyment of any right, privilege, advantage, or opportunity enjoyed by others receiving an aid, benefit, or service.

Subpart F – Health, Welfare and Social Services

§84.51 Application of this subpart

Subpart F applies to health, welfare, or other social service programs and activities that receive or benefit from Federal financial assistance ...

§84.52 Health, welfare, and other social services.

(a) *General.* In providing health, welfare, or other social services or benefits, a recipient may not, on the basis of handicap:

(1) Deny a qualified handicapped person these benefits or services;

(2) Afford a qualified handicapped person an opportunity to receive benefits or services that is not equal to that offered non-handicapped persons;

(3) Provide a qualified handicapped person with benefits or services that are not as effective (as defined in § 84.4(b)) as the benefits or services provided to others;

(4) Provide benefits or services in a manner that limits or has the effect of limiting the participation of qualified handicapped persons; or

(5) Provide different or separate benefits or services to handicapped persons except where necessary to provide qualified handicapped persons with benefits and services that are as effective as those provided to others.

(b) *Notice.* A recipient that provides notice concerning benefits or services or written material concerning waivers of rights or consent to treatment shall take such steps as are necessary to ensure that qualified handicapped persons, including those with impaired sensory or speaking skills, are not denied effective notice because of their handicap.

(c) **Auxiliary aids.** (1) A recipient with fifteen or more employees "shall provide appropriate auxiliary aids to persons with impaired sensory, manual, or speaking skills, where necessary to afford such person an equal opportunity to benefit from the service in question." (2) Pursuant to the Department's discretion, recipients with fewer than fifteen employees may be required "to provide auxiliary aids where the provision of aids would not significantly impair the ability of the recipient to provide its benefits or services." (3) "Auxiliary aids may include brailled and taped material, interpreters, and other aids for persons with impaired hearing or vision."

Go to 45 CFR Part 84 for the full regulation.

504 Notice

The regulation implementing Section 504 requires that an agency/facility "that provides notice concerning benefits or services or written material concerning waivers of rights or consent to treatment shall take such steps as are necessary to ensure that qualified disabled persons, including those with impaired sensory or speaking skills, are not denied effective notice because of their disability." (**45 CFR §84.52(b)**)

Note that it is necessary to note each area of the consent, such as:

1. Medical Consent
2. Authorization to Disclose Medical Information
3. Personal Valuables
4. Financial Agreement
5. Assignment of Insurance Benefits
6. Medicare Patient Certification and Payment Request

Resources:

U.S. Department of Justice Document:

ADA Business Brief: Communicating with People Who are Deaf or Hard of Hearing in Hospital Settings

ADA Document Portal

A new on-line library of ADA documents is now available on the Internet. Developed by Meeting the Challenge, Inc., of Colorado Springs with funding from the National Institute on Disability and Rehabilitation Research, this website makes available more than 3,400 documents related to the ADA, including those issued by Federal agencies with responsibilities

Medicare Certification

Requirements for Facilities with 15 or More Employees

Please note that documents in PDF format require [Adobe's Acrobat Reader](#).

Applicable Regulatory Citations:

Section 504 of the Rehabilitation Act of 1973:

45 CFR Part 84§84.7 Designation of responsible employee and adoption of grievance procedures.

(a) *Designation of responsible employee.* A recipient that employs fifteen or more persons shall designate at least one person to coordinate its efforts to comply with this part.

(b) *Adoption of grievance procedures.* A recipient that employs fifteen or more persons shall adopt grievance procedures that incorporate appropriate due process standards and that provide for the prompt and equitable resolution of complaints alleging any action prohibited by this part. Such procedures need not be established with respect to complaints from applicants for employment or from applicants for admission to postsecondary educational institutions.

Go to [45 CFR Part 84](#) for the full regulation.

Policy Example

The following procedure incorporates appropriate minimum due process standards and may serve as a model or be adapted for use by recipients in accordance with the Departmental regulation implementing Section 504 of the Rehabilitation Act of 1973.

SECTION 504 GRIEVANCE PROCEDURE

It is the policy of **(insert name of facility/agency)** not to discriminate on the basis of disability. **(Insert name of facility/agency)** has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) or the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 states, in part, that "no otherwise qualified handicapped individual...shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance..." The Law and Regulations may be examined in the office of **(insert name, title, tel. no. of Section 504 Coordinator)**, who has been designated to coordinate the efforts of **(insert name of facility/agency)** to comply with Section 504.

Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law for **(insert name of facility/agency)** to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 504 Coordinator within **(insert time frame)** of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 504 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 504 Coordinator will maintain the files and records of **(insert name of facility/agency)**

- relating to such grievances.
- The Section 504 Coordinator will issue a written decision on the grievance no later than 30 days after its filing.
 - The person filing the grievance may appeal the decision of the Section 504 Coordinator by writing to the **(Administrator/Chief Executive Officer/Board of Directors/etc.)** within 15 days of receiving the Section 504 Coordinator's decision.
 - The **(Administrator/Chief Executive Officer/Board of Directors/etc.)** shall issue a written decision in response to the appeal no later than 30 days after its filing.
 - The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U. S. Department of Health and Human Services, Office for Civil Rights.

(Insert name of facility/agency) will make appropriate arrangements to ensure that disabled persons are provided other accommodations if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The Section 504 Coordinator will be responsible for such arrangements.

Medicare Certification

Age Discrimination Act Requirements

Please note that documents in PDF format require [Adobe's Acrobat Reader](#).

The Office for Civil Rights (OCR) of the Department of Health and Human Services (HHS) has the responsibility for the Age Discrimination Act as it applies to Federally funded health and human services programs. The general regulation implementing the Age Discrimination Act requires that age discrimination complaints be referred to a mediation agency to attempt a voluntary settlement within sixty (60) days. If mediation is not successful, the complaint is returned to the responsible Federal agency, in this case the Office for Civil Rights, for action. OCR next attempts to resolve the complaint through informal procedures. If these fail, a formal investigation is conducted. When a violation is found and OCR cannot negotiate voluntary compliance, enforcement action may be taken against the recipient institution or agency that violated the law.

The Age Discrimination Act permits certain exceptions to the prohibition against discrimination based on age. These exceptions recognize that some age distinctions in programs may be necessary to the normal operation of a program or activity or to the achievement of any statutory objective expressly stated in a Federal, State, or local statute adopted by an elected legislative body.

Applicable Regulatory Citations:

45 CFR Part 91: Nondiscrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance From HHS

§ 91.3 To what programs do these regulations apply?

- (a) The Act and these regulations apply to each HHS recipient and to each program or activity operated by the recipient which receives or benefits from Federal financial assistance provided by HHS.
- (b) The Act and these regulations do not apply to:
 - (1) An age distinction contained in that part of a Federal, State, or local statute or ordinance adopted by an elected, general purpose legislative body which:
 - (i) Provides any benefits or assistance to persons based on age; or
 - (ii) Establishes criteria for participation in age-related terms; or
 - (iii) Describes intended beneficiaries or target groups in age-related terms.

Subpart B-Standards for Determining Age Discrimination

§ 91.11 Rule against age discrimination.

The rules stated in this section are limited by the exceptions contained in §§91.13 and 91.14 of these regulations.

(a) General rule: No person in the United States shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving Federal financial assistance.

(b) Specific rules: A recipient may not, in any program or activity receiving Federal financial assistance, directly or through contractual licensing, or other arrangements, use age distinctions or take any other actions which have the effect, on the basis of age, of:

(1) Excluding individuals from, denying them the benefits of, or subjecting them to discrimination under, a program or activity receiving Federal financial assistance.

(2) Denying or limiting individuals in their opportunity to participate in any program or activity receiving Federal financial assistance.

(c) The specific forms of age discrimination listed in paragraph (b) of this section do not necessarily constitute a complete list.

§ 91.13 Exceptions to the rules against age discrimination: Normal operation or statutory objective of any program or activity.

A recipient is permitted to take an action, otherwise prohibited by § 91.11, if the action reasonably takes into account age as a factor necessary to the normal operation or the achievement of any statutory objective of a program or activity. An action reasonably takes into account age as a factor necessary to the normal operation or the achievement of any statutory objective of a program or activity, if:

(a) Age is used as a measure or approximation of one or more other characteristics; and

(b) The other characteristic(s) must be measured or approximated in order for the normal operation of the program or activity to continue, or to achieve any statutory objective of the program or activity; and

(c) The other characteristic(s) can be reasonably measured or approximated by the use of age; and

(d) The other characteristic(s) are impractical to measure directly on an individual basis.

§ 91.14 Exceptions to the rules against age discrimination: Reasonable factors other than age.

A recipient is permitted to take an action otherwise prohibited by § 91.11 which is based on a factor other than age, even though that action may have a disproportionate effect on persons of different ages. An action may be based on a factor other than age only if the factor bears a direct and substantial relationship to the normal operation of the program or activity or to the achievement of a statutory objective.

§ 91.15 Burden of proof.

The burden of proving that an age distinction or other action falls within the exceptions

outlined in §§ 91.13 and 91.14 is on the recipient of Federal financial assistance.

For the full regulation, go to 45 CFR Part 91.

ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person or persons whose signature(s) appear(s) below is/are authorized to sign this assurance, and commit the Applicant to the above provisions.

Date

Signature and Title of Authorized Official

Name of Applicant or Recipient

Street

City, State, Zip Code

Mail Form to:
DHHS/Office for Civil Rights
Office of Program Operations
Humphrey Building, Room 509F
200 Independence Ave., S.W.
Washington, D.C. 20201

ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person or persons whose signature(s) appear(s) below is/are authorized to sign this assurance, and commit the Applicant to the above provisions.

Date

Signature and Title of Authorized Official

Name of Applicant or Recipient

Street

City, State, Zip Code

Mail Form to:
DHHS/Office for Civil Rights
Office of Program Operations
Humphrey Building, Room 509F
200 Independence Ave., S.W.
Washington, D.C. 20201

Medicare Certification Civil Rights Information Request Form

Please return the completed, signed Civil Rights Information Request form and the required attachments with your other Medicare Provider Application Materials.

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THE FACILITY:

- a. CMS Medicare Provider Number: _____
- b. Name and Address of Facility: _____

- c. Administrator's Name _____
- d. Contact Person _____
(If different from Administrator)
- e. Telephone _____ TDD _____
- f. E-mail _____ FAX _____
- g. Type of Facility _____
(e.g., Home Health Agency, Hospital, Skilled Nursing Facility, etc.)
- h. Number of employees: _____
- i. Corporate Affiliation _____ (if the facility is now
or will be owned and operated by a corporate chain or multi-site business entity, identify the
entity.)
- j. Reason for Application _____
(Initial Medicare Certification, change of ownership, etc.)

√	No.	REQUIRED ATTACHMENTS
<p>Auxiliary Aids and Services for Persons with Disabilities</p> <p>Please see <u>Auxiliary Aids and Services for Persons with Disabilities</u> (www.hhs.gov/ocr/auxaids.html) for technical assistance.</p>		
	8.	<p>A description (or copy) of the procedures used to communicate effectively with individuals who are deaf, hearing impaired, blind, visually impaired or who have impaired sensory, manual or speaking skills, including:</p> <ol style="list-style-type: none"> 1. How you identify such persons and how you determine whether interpreters or other assistive services are needed. 2. Methods of providing interpreter and other services during all hours of operation as necessary for effective communication with such persons. 3. A list of available auxiliary aids and services, and how persons are informed that interpreters or other assistive services are available. 4. The procedures used to communicate with deaf or hearing impaired persons over the telephone, including TTY/TDD or access to your State Relay System, and the telephone number of your TTY/TDD or your State Relay System.
	9.	Procedures used by your facility to disseminate information to patients/residents and potential patients/residents about the existence and location of services and facilities that are accessible to persons with disabilities.
<p>Requirements for Facilities with 15 or More Employees</p> <p>Please see <u>Requirements for Facilities with 15 or More Employees</u> (www.hhs.gov/ocr/reqfacilities.html) for technical assistance.</p>		
	10.	For recipients with 15 or more employees: the name/title and telephone number of the Section 504 coordinator.
	11.	For recipients with 15 or more employees: A copy or description of your facility's procedure for handling disability discrimination grievances.
<p>Age Discrimination Act Requirements</p> <p>Please see <u>Age Discrimination Act Requirements</u> (www.hhs.gov/ocr/agediscrim.html) for technical assistance, and for information on permitted exceptions.</p>		
	12.	A description or copy of any policy (ies) or practice(s) restricting or limiting admissions or services provided by your facility on the basis of age. <i>If such a policy or practice exists, please submit an explanation of any exception/exemption that may apply. In certain narrowly defined circumstances, age restrictions are permitted.</i>

After review, an authorized official must sign and date the certification below. Please ensure that complete responses to all information/data requests are provided. Failure to provide the information/data requested may delay your facility's certification for funding.

Certification: I certify that the information provided to the Office for Civil Rights is true and correct to the best of my knowledge.

Signature of Authorized Official: _____

Title of Authorized Official: _____

Date: _____

PLEASE RETURN THE FOLLOWING MATERIALS WITH THIS FORM.

To ensure accuracy, please consult the technical assistance materials (www.hhs.gov/ocr/crclearance.html) in developing your responses.

√	No.	REQUIRED ATTACHMENTS
	1.	Two original signed copies of the form <u>HHS-690, Assurance of Compliance</u> (www.hhs.gov/ocr/ps690.pdf). <i>A copy should be kept by your facility.</i>
<i>Nondiscrimination Policies and Notices</i>		
Please see <u>Nondiscrimination Policies and Notices</u> (www.hhs.gov/ocr/nondiscriminpol.html) for the regulations and technical assistance.		
	2.	A copy of your written notice(s) of nondiscrimination, that provide for admission and services without regard to race, color, national origin, disability, or age, as required by Federal law. Generally, an EEO policy is not sufficient to address admission and services.
	3.	A description of the methods used by your facility to disseminate your nondiscrimination notice(s) or policy. If published, also identify the extent to which and to whom such policies/notices are published (e.g., general public, employees, patients/residents, community organizations, and referral sources) consistent with requirements of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.
	4.	Copies of brochures or newspaper articles. If publication is one of the methods used to disseminate the policies/notices, these copies must be attached.
	5.	A copy of facility admissions policy or policies.
<i>Communication with Persons Who Are Limited English Proficient (LEP)</i>		
Please see <u>Communication with Persons Who Are Limited English Proficient (LEP)</u> (www.hhs.gov/ocr/commune.html) for technical assistance. For information on the obligation to take reasonable steps to provide meaningful access to LEP persons, including guidance on what constitutes vital written materials, and HHS' "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," available at www.hhs.gov/ocr/lep . This guidance is also available at http://www.lep.gov/ , along with other helpful information pertaining to language services for LEP persons.		
	6.	A description (or copy) of procedures used by your facility to effectively communicate with persons who have limited English proficiency, including: <ol style="list-style-type: none"> 1. How you identify individuals who are LEP and in need of language assistance. 2. How language assistance measures are provided (for both oral and written communication) to persons who are LEP, consistent with Title VI requirements. 3. How LEP persons are informed that language assistance services are available.
	7.	A list of all vital written materials provided by your facility, and the languages for which they are available. Examples of such materials may include consent and complaint forms; intake forms with the potential for important consequences; written notices of eligibility criteria, rights, denial, loss, or decreases in benefits or services; applications to participate in a recipient's program or activity or to receive recipient benefits or service; and notices advising LEP persons of free language assistance.