RE: CHANGE OF OWNERSHIP (CHOW)

This letter is in response to your notification of our office that your hospital had had a change of ownership or that you anticipate a change. In order for this section to process your CHOW, please complete and return the enclosed along with a copy of the signed and dated sales/lease agreement.

CHOW APPROVAL PROCESS: As of November 1, 2001 all 855 forms are available at the CMS web site http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp?listpage=19. Please contact your FI for answers to questions related to completion of the forms. To get a list of the FIs and any information pertaining to the FI, please refer to the CMS web site at http://www.cms.hhs.gov/ContractingGeneralInformation/Downloads/02_ICdirectory.pdf. The FI will notify this Section of its recommendation for approval or denial of enrollment within 60 calendar days of receipt of the completed application. Once this Section is notified by the FI that the CHOW has been approved and all enclosed forms are received the CHOW will be processed.

STATE HEALTH PLANNING AGENCY NOTIFICATION: Please be informed that pursuant to O.C.G.A. Section 31-6-40.1(a), the acquiring party must notify The Department of Community Health, Division of Health Planning (DHP) of any acquisition within 45 days of the date that the acquisition actually occurred. DHP’s address is: 2 Peachtree Street, N.W., 5th Floor, Atlanta, Georgia 30303-3142. Notifying the Office of Regulatory Services does not constitute compliance with DHP’s requirements. Failure to notify DHP of any acquisition of a hospital carries a potential fine of $500.00 per day.

Should you have any questions regarding the information in this letter or on the completion of any of the enclosed forms, please contact James Courtney at (404) 657-5434.

Enclosures:
1. CMS 1561 Health Insurance Benefit Agreement (two signed originals)
2. Hospital/CAH Database Worksheet
3. Application for permit to operate a hospital
4. HHS 690 – Assurance of Compliance/Civil Rights (two signed originals)
5. Medicare Certification Civil Rights Information Request Form
6. MEMO – New Change of Fiscal Intermediary Policy
7. Affidavit for Licensure/Registration (For each owner)

Rev. 04/09/2008
PERSONALLY APPEARED before the undersigned officer, duly authorized to administer oaths, came the undersigned, who after having been duly sworn, states under oath, the following:

1. That my name is ___________________ and that I am who I say I am;

2. That my address is____________________________________________________;

3. That I have presented sufficient personal identification to the notary that is true and accurate;

4. That I am legally in the United States of America;

5. That I am applying to the Georgia Department of Community Health, Healthcare Facility Regulation Division, to operate a business/activity that is subject to regulation by the Department of Community Health; and that this affidavit is a material part of the application; and

6. That if the Department subsequently determines that the material information contained in this affidavit is false, I will be in violation of licensing/registration requirements, which may result in revocation of my license or registration.

Sworn to and subscribed before me )
This _______ day of ________,____.

___________________________ )  Affiant

NOTARY PUBLIC   )
STATE OF GEORGIA  )

My commission expires:______.
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.)
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.

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<td>1.</td>
<td>Two original signed copies of the form HHS-690, Assurance of Compliance (<a href="http://www.hhs.gov/ocr/ps690.pdf">www.hhs.gov/ocr/ps690.pdf</a>). A copy should be kept by your facility.</td>
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**Nondiscrimination Policies and Notices**

Please see Nondiscrimination Policies and Notices (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. |

**Communication with Persons Who Are Limited English Proficient (LEP)**

Please see Communication with Persons Who Are Limited English Proficient (LEP) (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:
<p>|   |   | 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. |</p>
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<td><strong>Auxiliary Aids and Services for Persons with Disabilities</strong>&lt;br&gt;Please see <a href="www.hhs.gov/ocr/auxaids.html">Auxiliary Aids and Services for Persons with Disabilities</a> for technical assistance.</td>
</tr>
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<td>8.</td>
<td>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:&lt;br&gt;1. How you identify such persons and how you determine whether interpreters or other assistive services are needed.&lt;br&gt;2. Methods of providing interpreter and other services during all hours of operation as necessary for effective communication with such persons.&lt;br&gt;3. A list of available auxiliary aids and services, and how persons are informed that interpreters or other assistive services are available.&lt;br&gt;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.</td>
</tr>
<tr>
<td>9.</td>
<td>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.</td>
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<td><strong>Requirements for Facilities with 15 or More Employees</strong>&lt;br&gt;Please see <a href="www.hhs.gov/ocr/reqfacilities.html">Requirements for Facilities with 15 or More Employees</a> for technical assistance.</td>
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<td>10.</td>
<td>For recipients with 15 or more employees: the name/title and telephone number of the Section 504 coordinator.</td>
</tr>
<tr>
<td>11.</td>
<td>For recipients with 15 or more employees: A copy or description of your facility's procedure for handling disability discrimination grievances.</td>
</tr>
<tr>
<td></td>
<td><strong>Age Discrimination Act Requirements</strong>&lt;br&gt;Please see <a href="www.hhs.gov/ocr/agediscrim.html">Age Discrimination Act Requirements</a> for technical assistance, and for information on permitted exceptions.</td>
</tr>
<tr>
<td>12.</td>
<td>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. 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.</td>
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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:** ______________
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 brailed 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
under the law. It also offers extensive document collections on other disability rights laws and issues. By clicking on one of the general categories in the left column, for example, you will go to a catalogue of documents that are specific to the topic.
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.

Last revised: June 16, 2004
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.
Instructions: Complete all fields and return this form, with the required documents, to your State Health Department, along with your other Medicare Application Materials.

I. Healthcare Provider Information

CMS Medicare Provider Number:

<table>
<thead>
<tr>
<th>Name of Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: Street Number and Name</td>
</tr>
<tr>
<td>City or Town</td>
</tr>
<tr>
<td>Administrator’s Name:</td>
</tr>
<tr>
<td>Telephone: ( ) -</td>
</tr>
<tr>
<td>FAX: ( ) -</td>
</tr>
<tr>
<td>Type of Facility:</td>
</tr>
<tr>
<td>Corporate Affiliation:</td>
</tr>
<tr>
<td>Circle One</td>
</tr>
<tr>
<td>Initial Medicare Certification</td>
</tr>
</tbody>
</table>

II. Documents Required for Submission
(Additional guidance is available at: [www.hhs.gov/ocr/crclearance.html](http://www.hhs.gov/ocr/crclearance.html))

1. Two signed and completed originals of the form HHS-690, Assurance of Compliance.

2. Your Nondiscrimination Policy that provides for admission and services without regard to race, color, national origin, disability, or age, as required by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975 (see example).

3. Description of methods used to disseminate your nondiscrimination policies/notices (e.g., describe where you post your Nondiscrimination Policy, and include brochures, postings, ads, etc.).

4. Facility admissions policy that describes eligibility requirements for your services.

5. Copies of brochures, pamphlets, etc. with general information about your services.

6. Procedures to effectively communicate with persons who are limited English proficient (LEP), including (see example):
   a) Process for how you identify individuals who need language assistance;
   b) Procedures to provide services (interpreters, written translations, bilingual staff, etc.). Include the name(s) and telephone number(s) of your interpreter(s) and/or interpreter service(s);
   c) Methods to inform LEP persons that language assistance services are available at no cost to the person being served;
   d) Appropriate restrictions on the use of family and friends as LEP interpreters;
   e) A list of all written materials in other languages, if applicable. Examples may include consent and complaint forms, intake forms, written notices of eligibility criteria, nondiscrimination notices, etc.

7. Procedures used to communicate effectively with individuals who are deaf, hard of hearing, blind, have low vision, or who have other impaired sensory, manual or speaking skills, including (see example):
   a) Process to identify individuals who need sign language interpreters or other assistive services;
   b) Procedures to provide interpreters and other auxiliary aids and services. Include the name(s) and telephone number(s) of your interpreter(s) and/or interpreter service(s);
   c) Procedures used to communicate with deaf or hard of hearing persons over the telephone, including the telephone number of your TTY/TDD or State Relay System;
   d) A list of available auxiliary aids and services;
   e) Methods to inform persons that interpreter or other assistive services are available at no cost to the person being served;
   f) Appropriate restrictions on the use of family and friends as sign language interpreters.
8. Notice of Program Accessibility and methods used to disseminate information to patients/clients about the existence and location of services and facilities that are accessible to persons with disabilities (see example).

9. For healthcare providers with 15 or more employees: the name/title and telephone number of the Section 504 coordinator.

10. For healthcare providers with 15 or more employees: copy of your procedures used for handling disability discrimination grievances (see example).

11. A description/explanation of any policies or practices restricting or limiting your facility’s admissions or services on the basis of age. In certain narrowly defined circumstances, age restrictions are permitted.

### III. Certification

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

<table>
<thead>
<tr>
<th>Name and Title of Authorized Official</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>


ASSURANCE OF COMPLIANCE


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 otherwise 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 educational 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

Form HHS-690
5/97
Office for Civil Rights

Civil Rights Information Request
For
Medicare Certification

Technical Assistance

Go to http://www.hhs.gov/ocr/crclearance.html for more information, including links to the full regulations.
Nondiscrimination Policies and Notices

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.

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.

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.

See Policy Example Section for examples of Nondiscrimination Policies.
Communication with Persons Who Are Limited English Proficient

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.

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.

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
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.
Auxiliary Aids and Services for Persons with Disabilities

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 brailed and taped material, interpreters, and other aids for persons with impaired hearing or vision."

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 at www.ada.gov

ADA Business Brief: Communicating with People Who are Deaf or Hard of Hearing in Hospital Settings at http://www.ada.gov/business.htm

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 under the law. It also offers extensive document collections on other disability rights laws and issues. By clicking on one of the general categories in the left column, for example, you will go to a catalogue of documents that are specific to the topic. http://www.dbtac.vcu.edu/adaportal//
Requirements for Facilities with 15 or More Employees

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.
Age Discrimination Act Requirements

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.
Policy Examples

The next few pages contain examples of policies that you could use as guidance in developing civil rights policies and procedures for your facility. You may modify them to best reflect your procedures and methods.
Examples of Nondiscrimination Policies

**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).
Example of a Policy and Procedure for Providing Meaningful Communication with Persons with Limited English Proficiency

POLICY AND PROCEDURES FOR COMMUNICATION WITH PERSONS WITH LIMITED ENGLISH PROFICIENCY

POLICY:

**(Insert name of your facility)** will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of **(Insert name of your facility)** is to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. *(include those documents applicable to your facility)*. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

**(Insert name of your facility)** will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

PROCEDURES:

1. **IDENTIFYING LEP PERSONS AND THEIR LANGUAGE**

   *(Insert name of your facility)* will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or “I speak cards,” available online at www.lep.gov) or posters to determine the language. In addition, when records are kept of past interactions with patients (clients/residents) or family members, the language used to communicate with the LEP person will be included as part of the record.

2. **OBTAINING A QUALIFIED INTEPRETER**

   *(Identify responsible staff person(s), and phone number(s)) is/are responsible for:*

   *(a)* Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff *(provide the list)*;

   *(b)* Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;
3. PROVIDING WRITTEN TRANSLATIONS

(a) When translation of vital documents is needed, each unit in (insert name of your facility) will submit documents for translation into frequently-encountered languages to (identify responsible staff person). Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.

(b) Facilities will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.

(c) (Insert name of your facility) will set benchmarks for translation of vital documents into additional languages over time.

4. PROVIDING NOTICE TO LEP PERSONS

(Insert name of your facility) will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry, including but not limited to the emergency room, outpatient areas, etc. (include those areas applicable to your facility). Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspapers, radio and television stations, and/or community-based organizations (include those areas applicable to your facility).

5. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION

On an ongoing basis, (insert name of your facility) will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, (insert name of your facility) will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance,
complaints filed by LEP persons, feedback from patients and community organizations, etc. (*include those areas applicable to your facility*).
Example of a Policy and Procedure for Providing Auxiliary Aids for Persons with Disabilities

AUXILIARY AIDS AND SERVICES FOR PERSONS WITH DISABILITIES

POLICY:

(Insert name of your facility) will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with patients/clients involving their medical conditions, treatment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights, consent to treatment forms, financial and insurance benefits forms, etc. (include those documents applicable to your facility). All necessary auxiliary aids and services shall be provided without cost to the person being served.

All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

PROCEDURES:

1. Identification and assessment of need:

(Insert name of your facility) provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our (brochures, handbooks, letters, print/radio/televison advertisements, etc.) and through notices posted (in waiting rooms, lobbies, etc.). When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or manipulate written materials or requests an auxiliary aid or service, staff will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.

2. Provision of Auxiliary Aids and Services:

(Insert name of your facility) shall provide the following services or aids to achieve effective communication with persons with disabilities:

A. For Persons Who Are Deaf or Hard of Hearing

(i) For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, the (identify responsible staff person or position with a telephone number) is responsible for providing effective interpretation or arranging for a qualified interpreter when needed.
In the event that an interpreter is needed, the (identify responsible staff person) is responsible for:

Maintaining a list of qualified interpreters on staff showing their names, phone numbers, qualifications and hours of availability (provide the list);

Contacting the appropriate interpreter on staff to interpret, if one is available and qualified to interpret; or

Obtaining an outside interpreter if a qualified interpreter on staff is not available. (Identify the agency(s) name with whom you have contracted or made arrangements) has agreed to provide interpreter services. The agency's/agencies' telephone number(s) is/are (insert number(s) and the hours of availability). [Note: If video interpreter services are provided via computer, the procedures for accessing the service must be included.]

(ii) Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing

[Listed below are three methods for communicating over the telephone with persons who are deaf/hard of hearing. Select the method(s) to incorporate in your policy that best applies/apply to your facility.]

(Insert name of facility) utilizes a Telecommunication Device for the Deaf (TDD) for external communication. The telephone number for the TDD is (insert number). The TDD and instructions on how to operate it are located (insert location) in the facility; OR

(Insert name of provider) has made arrangements to share a TDD. When it is determined by staff that a TDD is needed, we contact (identify the entity e.g., library, school or university, provide address and telephone numbers); OR

(Insert name of facility) utilizes relay services for external telephone with TTY users. We accept and make calls through a relay service. The state relay service number is (insert telephone for your State Relay).

(iii) For the following auxiliary aids and services, staff will contact (responsible staff person or position and telephone number), who is responsible to provide the aids and services in a timely manner:

Note-takers; computer-aided transcription services; telephone handset amplifiers; written copies of oral announcements; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning; telecommunications devices for deaf persons (TDDs); videotext displays; or other effective methods that help make aurally delivered materials available to individuals who are deaf or hard of hearing.

(iv) Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person will not be used as interpreters unless specifically requested by that individual and after an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the
person’s file. If the person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.  

**NOTE:** Children and other residents will *not* be used to interpret, in order to ensure confidentiality of information and accurate communication.

### B. For Persons Who are Blind or Who Have Low Vision

(i) Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision. [in addition to reading, this section should tell what other aids are available, where they are located, and how they are used].

The following types of large print, taped, Brailled, and electronically formatted materials are available: *(description of the materials available)*. These materials may be obtained by calling *(name or position and telephone number)*.

(ii) For the following auxiliary aids and services, staff will contact *(responsible staff person or position and telephone number)*, who is responsible to provide the aids and services in a timely manner: Qualified readers; reformatting into large print; taping or recording of print materials not available in alternate format; or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision. In addition, staff are available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

### C. For Persons With Speech Impairments

To ensure effective communication with persons with speech impairments, staff will contact *(responsible staff person or position and telephone number)*, who is responsible to provide the aids and services in a timely manner: Writing materials; typewriters; TDDs; computers; flashcards; alphabet boards; communication boards; *(include those aids applicable to your facility)* and other communication aids.

### D. For Persons With Manual Impairments

Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following: note-takers; computer-aided transcription services; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments. For these and other auxiliary aids and services, staff will contact *(responsible staff person or position and telephone number)* who is responsible to provide the aids and services in a timely manner.
Example of a Notice of Program Accessibility for Describing that your Program is Accessible to Persons with Disabilities

Section 504 Notice of Program Accessibility

The regulation implementing Section 504 requires that an agency/facility "...adopt and implement procedures to ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons." (45 C.F.R. §84.22(f))

(Insert name of facility) and all of its programs and activities are accessible to and usable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level with elevator access to all other floors.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, cafeteria, patient treatment areas, including examining rooms and patient wards.
- A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no additional charge for such aids. Some of these aids include:
  - Qualified sign language interpreters for persons who are deaf or hard of hearing.
  - A twenty-four hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing, or speech impaired.
  - Readers and taped material for the blind and large print materials for the visually impaired.
  - Flash Cards, Alphabet boards and other communication boards.
  - Assistive devices for persons with impaired manual skills.

If you require any of the aids listed above, please let the receptionist or your nurse know.
Example of a Section 504 Grievance Procedure that Incorporates Due Process Standards

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 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." 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 timeframe) 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.
**APPLICATION FOR A PERMIT TO OPERATE A HOSPITAL**

(PLEASE TYPE or PRINT)

Pursuant to provisions of O.C.G.A. 31-7-1 et seq., Application is hereby made to operate the Hospital which is identified as follows:

### SECTION A: IDENTIFICATION

Date of Application ________________

**Type of Application**

- Initial
- Change of Ownership (CHOW)*
- Name Change
- Address Change
- Governing Body Name Change
- Services Change
- Provider Information Update
- Bed Capacity Change
- Other ________________

**Hospital Classification (Check only one):**

- General
- Specialized (Type) ________________

**Name of Hospital**

Administrator ________________ Title ________________

Street Address ____________________________ City ________________ State ________________ County ________________ Zip ________________

Phone: (          ) _________-_______________ FAX: (          ) _________-_______________ E-Mail Address: ________________

Mailing Address (different from Street Address)

Official Name and Address of Governing Body ________________

Principal Officer of Governing Body ________________

Name of Owner of Hospital ________________

For Name Change or CHOW: Indicate previous name of Hospital or previous owner ________________

Agent For Service (name) ________________ Address ________________ Phone Number ________________

### SECTION B: TYPE OF OWNERSHIP (Check only one)

**PROPRIETARY (PROFIT):**

- Individual
- Partnership
- Corporation
- LLC
- Other (Specify) ________________

**NON-PROFIT:**

- State
- Hospital Authority
- County
- Church
- City
- Other (Specify) ________________

### SECTION C: BED CAPACITY

1. Total number of State Division of Health Planning (DHP) Authorized beds: __________

2. Bed utilization:

   a. Number of **Acute** beds: __________
   b. Number of **Psychiatric** beds: __________
   c. Number of **Rehabilitation** beds: __________
   d. Number of **Swing** beds: __________
| 3. Total number of beds currently staffed & set up to receive patients: |  |
### SECTION D: SERVICES TO BE PROVIDED  
(organized services only)

<table>
<thead>
<tr>
<th>Emergency: Trauma Level</th>
<th>Surgical</th>
<th>Open Heart Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal &amp; Newborn Services</td>
<td>Neonatal</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric</td>
<td>Type: Child</td>
<td>Adolescent</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Outpatient: List details below for all **off-site** services

**OFF-SITE OUTPATIENT SERVICES:**

<table>
<thead>
<tr>
<th>TYPE OF SERVICE</th>
<th>ADDRESS</th>
<th>DISTANCE FROM HOSPITAL (MILES)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### SECTION E: CERTIFICATION

I certify that this hospital will comply with all Rules and Regulations for Hospitals, Chapter 290-9-7, Chapter 290-4-4 for Residential Mental Health Facilities for Children and Youth. I further certify that the above information is true and accurate to the best of my knowledge.

Signature ___________________________ Title ___________________________ Date ___________________________

**For Department of Community Health Use Only**

Date Received _______________________ Reviewed By ___________________________

**Classification of Hospital:**
- ☐ General
- ☐ Specialized (Specify type): ___________________________

**Bed Capacity:** Total Number of **DHP Authorized** beds: __________

**Permit Number:** __________

**Effective Date:** __________

**Recommend Approval:** ___________________________ Regional Director ___________________________

Revised 11/2009
HOSPITAL/CAH MEDICARE DATABASE WORKSHEET

CMS Certification Number (CCN): ____________________ Date of Worksheet Update: ____________

Medicaid Provider Number: ____________________ (MMDDYYYY) (M1)

National Provider Identification Number (NPI): ____________________

Fiscal Year Ending Date (MMDD): ____________

Name and Address of Facility (Include City, State):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

_______________________________________________________Zip Code:________________

Telephone Number (M2):________________________ Fax Number (M3):___________________

Email Address:________________________

Accreditation Status:_____ Effective Date of Accreditation: ________________

  0 Not Accredited (MMDDYYYY) (M4)
  1 JC Accredited Renewal Date of Accreditation:_____________________
  2 AOA Accredited (MMDDYYYY) (M5)
  4 Both

State/County Code (M6):__________ CLIA ID Numbers (M9):

State Region Code (M7):__________ ________________________________

Type of Program Participation (M8):_____ ________________________________

  1 Medicare ________________________________
  2 Medicaid ________________________________
  3 Both ________________________________

Type of Hospital or a Critical Access Hospital (CAH) (select 1) (M10):_____

  01 Short-term
  02 Long-term
  03 Religious Non-medical Health Care Institution
  04 Psychiatric
  05 Rehabilitation
  06 Childrens
  07 Distinct Part Psychiatric Hospital
  08 Cancer Hospital
  11 Critical Access Hospital (CAH)
Affiliation with a Medical School (M11): _____
01 Major 03 Graduate School
02 Limited 04 No Affiliation

Resident Programs (M12): _____
(Select all that apply)
01 AMA 02 ADA 03 AOA
04 Other 05 No Program 06 Podiatric

Ownership Type (select 1) (M13): _____
01 Church 06 State
02 Private (Not for Profit) 07 Local
03 Other (specify)___________ 08 Hospital District or Authority
04 Proprietary (For Profit) 09 Physician Ownership
05 Federal 10 Tribal

Average Daily Census (M14): _____
Number of Staffed Beds (M15): _____

Type of Chain/Health System Involvement (M16): _____
01 None
02 System Ownership
03 System Management
04 Both System Owned and Managed

Name of System (M17): ________________________________

Corporate Headquarters City (M18): __________________________ State (M19): _____

<table>
<thead>
<tr>
<th>Number of Employees Salaried by Hospital/CAH</th>
</tr>
</thead>
<tbody>
<tr>
<td>M20 Physicians (Salaried only)</td>
</tr>
<tr>
<td>M21 Physicians - Residents</td>
</tr>
<tr>
<td>M22 Physician Assistants (PA)</td>
</tr>
<tr>
<td>M23 Nurses - CRNA</td>
</tr>
<tr>
<td>M24 Nurses - Practitioners</td>
</tr>
<tr>
<td>M25 Nurses - Registered</td>
</tr>
<tr>
<td>M26 Nurses - LPN</td>
</tr>
<tr>
<td>M27 Dieticians</td>
</tr>
<tr>
<td>M28 Medical Social Workers</td>
</tr>
<tr>
<td>M29 Medical Laboratory Technicians</td>
</tr>
<tr>
<td>M30 Medical Technologists (Lab)</td>
</tr>
<tr>
<td>M31 Nuclear Medicine Technicians</td>
</tr>
<tr>
<td>M32 Occupational Therapists</td>
</tr>
<tr>
<td>M33 Pharmacists (Registered)</td>
</tr>
<tr>
<td>M34 Physical Therapists</td>
</tr>
<tr>
<td>M35 Psychologists</td>
</tr>
<tr>
<td>M36 Radiology Technicians (Diagnostic)</td>
</tr>
<tr>
<td>M37 Respiratory Therapists</td>
</tr>
<tr>
<td>M38 Speech Therapists</td>
</tr>
<tr>
<td>M39 All Others</td>
</tr>
</tbody>
</table>
### Type of Reimbursement or Status Categories of a Hospital or a CAH (select all that apply) (M40):

<table>
<thead>
<tr>
<th></th>
<th>Type of Reimbursement or Status Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>CAH Psychiatric DPU</td>
</tr>
<tr>
<td>02</td>
<td>CAH Rehabilitation DPU</td>
</tr>
<tr>
<td>03</td>
<td>CAH Swing Beds</td>
</tr>
<tr>
<td>04</td>
<td>Specialty Hospital</td>
</tr>
<tr>
<td>05</td>
<td>Hospital in a Hospital - Host</td>
</tr>
<tr>
<td>06</td>
<td>Hospital in a Hospital - Tenant</td>
</tr>
<tr>
<td>07</td>
<td>Hospital PPS Excluded Psych Unit</td>
</tr>
<tr>
<td>08</td>
<td>Hospital PPS Excluded Rehab Unit</td>
</tr>
<tr>
<td>09</td>
<td>Hospital Swing Beds</td>
</tr>
<tr>
<td>10</td>
<td>Medicare Dependent Hospital</td>
</tr>
<tr>
<td>11</td>
<td>Regional Referral Center</td>
</tr>
<tr>
<td>12</td>
<td>Sole Community Hospital</td>
</tr>
</tbody>
</table>

### Services Provided by the Facility (M41):

0 Service not provided  
1 Services provided by facility staff only  
2 Services provided by arrangement or agreement  
3 Services provided through a combination of facility staff and through agreement

<table>
<thead>
<tr>
<th></th>
<th>Services Provided by the Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Ambulance Services (Owned)</td>
</tr>
<tr>
<td>02</td>
<td>Alcohol and/or Drug Services</td>
</tr>
<tr>
<td>03</td>
<td>Anesthesia</td>
</tr>
<tr>
<td>04</td>
<td>Audiology</td>
</tr>
<tr>
<td>05</td>
<td>Blood Bank – FDA Approved</td>
</tr>
<tr>
<td>06</td>
<td>Burn Care Unit</td>
</tr>
<tr>
<td>07</td>
<td>Cardiac Catheterization Laboratory</td>
</tr>
<tr>
<td>08</td>
<td>Cardiac-Thoracic Surgery</td>
</tr>
<tr>
<td>09</td>
<td>Chemotherapy Service</td>
</tr>
<tr>
<td>10</td>
<td>Chiropractic Service</td>
</tr>
<tr>
<td>11</td>
<td>CT Scanner</td>
</tr>
<tr>
<td>12</td>
<td>Dental Service</td>
</tr>
<tr>
<td>13</td>
<td>Dietetic Service</td>
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<tr>
<td>14</td>
<td>Emergency Department (Dedicated)</td>
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<tr>
<td>15</td>
<td>Emergency Services</td>
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<td>16</td>
<td>Extracorporeal Shock Wave Lithotripter</td>
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<td>17</td>
<td>Gerontological Specialty Services</td>
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<td>18</td>
<td>Home Health Services</td>
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<tr>
<td>19</td>
<td>Hospice</td>
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<tr>
<td>20</td>
<td>ICU - Cardiac (non-surgical)</td>
</tr>
<tr>
<td>21</td>
<td>ICU - Medical/Surgical</td>
</tr>
<tr>
<td>22</td>
<td>ICU - Neonatal</td>
</tr>
<tr>
<td>23</td>
<td>ICU - Pediatric</td>
</tr>
<tr>
<td>24</td>
<td>ICU - Surgical</td>
</tr>
<tr>
<td>25</td>
<td>Laboratory - Anatomical</td>
</tr>
<tr>
<td>26</td>
<td>Laboratory - Clinical</td>
</tr>
<tr>
<td>27</td>
<td>Long Term Care (swing-beds)</td>
</tr>
<tr>
<td>28</td>
<td>Magnetic Resonance Imaging (MRI)</td>
</tr>
<tr>
<td>29</td>
<td>Neonatal Nursery</td>
</tr>
<tr>
<td>30</td>
<td>Neurosurgical Services</td>
</tr>
<tr>
<td>31</td>
<td>Nuclear Medicine Services</td>
</tr>
<tr>
<td>32</td>
<td>Obstetric Service</td>
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<tr>
<td>33</td>
<td>Occupational Therapy Services</td>
</tr>
<tr>
<td>34</td>
<td>Operating Rooms</td>
</tr>
<tr>
<td>35</td>
<td>Ophthalmic Surgery</td>
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<tr>
<td>36</td>
<td>Optometric Services</td>
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<tr>
<td>37</td>
<td>Organ Bank</td>
</tr>
<tr>
<td>38</td>
<td>Organ Transplant Services</td>
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<tr>
<td>39</td>
<td>Orthopedic Surgery</td>
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<tr>
<td>40</td>
<td>Outpatient Services</td>
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<tr>
<td>41</td>
<td>Pediatric Services</td>
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<tr>
<td>42</td>
<td>Pharmacy</td>
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<tr>
<td>43</td>
<td>Physical Therapy Services</td>
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<tr>
<td>44</td>
<td>Positron Emission Tomography Scan</td>
</tr>
<tr>
<td>45</td>
<td>Post-Operative Recovery Rooms</td>
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<tr>
<td>46</td>
<td>Psychiatric Services - Emergency</td>
</tr>
<tr>
<td>47</td>
<td>Psychiatric - Child/Adolescent</td>
</tr>
<tr>
<td>48</td>
<td>Psychiatric - Forensic</td>
</tr>
<tr>
<td>49</td>
<td>Psychiatric - Geriatric</td>
</tr>
<tr>
<td>50</td>
<td>Psychiatric - Inpatient</td>
</tr>
<tr>
<td>51</td>
<td>Psychiatric - Outpatient</td>
</tr>
<tr>
<td>52</td>
<td>Radiology Services - Diagnostic</td>
</tr>
<tr>
<td>53</td>
<td>Radiology Services - Therapeutic</td>
</tr>
<tr>
<td>54</td>
<td>Reconstructive Surgery</td>
</tr>
<tr>
<td>55</td>
<td>Respiratory Care Services</td>
</tr>
<tr>
<td>56</td>
<td>Rehab -Inpatient (CARF Acc)</td>
</tr>
<tr>
<td>57</td>
<td>Rehab -Inpatient (Not CARF Acc)</td>
</tr>
<tr>
<td>58</td>
<td>Rehab -Outpatient</td>
</tr>
<tr>
<td>59</td>
<td>Renal Dialysis (Acute Inpatient)</td>
</tr>
<tr>
<td>60</td>
<td>Social Services</td>
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<tr>
<td>61</td>
<td>Speech Pathology Services</td>
</tr>
<tr>
<td>62</td>
<td>Surgical Services - Inpatient</td>
</tr>
<tr>
<td>63</td>
<td>Surgical Services - Outpatient</td>
</tr>
<tr>
<td>64</td>
<td>Tissue Bank Services</td>
</tr>
<tr>
<td>65</td>
<td>Trauma Center (Certified)</td>
</tr>
<tr>
<td>66</td>
<td>Urgent Care Center Services</td>
</tr>
</tbody>
</table>
Sprinkler Status, Primary Location (select 1) (M42): 

01   Totally sprinkled: All required areas are sprinklered
02   Partially sprinkled: Some but not all required areas are sprinklered
03   Sprinklers: None

Total number of off-site locations under the same CCN (M43): 

<table>
<thead>
<tr>
<th></th>
<th>Inpatient Remote Locations</th>
<th></th>
<th>Satellites of a PPS Excluded Psych Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Offsite Freestanding Outpatient Surgery</td>
<td>02</td>
<td>Satellites of a Long Term Care Hospital</td>
</tr>
<tr>
<td>03</td>
<td>Urgent Care Center (Freestanding)</td>
<td>04</td>
<td>Satellites of a Rehabilitation Hospital</td>
</tr>
<tr>
<td>05</td>
<td>Satellites of a Psychiatric Hospital</td>
<td>06</td>
<td>Satellites of a Cancer Hospital</td>
</tr>
<tr>
<td>07</td>
<td>Satellites of a PPS Excluded Rehab Unit</td>
<td>08</td>
<td>Off-campus Emergency Department</td>
</tr>
</tbody>
</table>

Identification Number Assigned to the Specific Off-site Location (from table) (M44):

Name of Off-site Location (M45):

Off-site Street Address (M46):

County (M47):

City (M48):

State (M49):

Zip Code (M50):

Sprinkler Status of Off-site Location (select 1) (M51)

01   Totally sprinkled: All required areas are sprinklered
02   Partially sprinkled: Some but not all required areas sprinklered
03   Sprinklers: None
04   Sprinklers are not required but the location is sprinklered

If there is more than one off-site location, complete and attach the Provider-Based Off-Site Locations Continuation Worksheet until all locations are accounted for.
Number of related or affiliated providers or suppliers (M52):_______

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Ambulatory Surgery Center (ASC)</td>
</tr>
<tr>
<td>02</td>
<td>Co-located Hospitals</td>
</tr>
<tr>
<td>03</td>
<td>Co-located Satellites of Another Hospital</td>
</tr>
<tr>
<td>04</td>
<td>End Stage Renal Disease (ESRD Center)</td>
</tr>
<tr>
<td>05</td>
<td>Federally Qualified Health Center (FQHC)</td>
</tr>
<tr>
<td>06</td>
<td>Home Health Agency</td>
</tr>
<tr>
<td>07</td>
<td>Hospice</td>
</tr>
<tr>
<td>08</td>
<td>Psychiatric Residential Treatment Facility</td>
</tr>
<tr>
<td>09</td>
<td>Rural Health Clinic (RHC)</td>
</tr>
<tr>
<td>10</td>
<td>Skilled Nursing Facility (SNF)</td>
</tr>
</tbody>
</table>

Identification Number of related or affiliated provider numbers (M53):____________________

Provider Number (M54):____________________

If there is more than one related or affiliated provider or supplier, attach the Related or Affiliated Provider Numbers Continuation Worksheet until all are accounted for.:____________________

Signature of Authorized Individual:____________________________________________________

Print Name of Authorized Individual:________________________________ Date:_____________
Type of off-site location and total number of each type of off-site location

- Identify every location (that bills for services using the provider’s Medicare CCN) of the provider that is located off the provider’s primary campus/location.
- In the block “Number of off-site locations with the same provider number (M43)”, write the total number of off-campus location.
- Place the total number of each type of off-site location in the space beside that type of location. Example: If a hospital has two additional campuses, enter the number “2” in the block beside “01 Inpatient Remote Location”.

Total Number of off-site locations with the same CCN (M43): __________

<table>
<thead>
<tr>
<th>TYPES OF OFF-SITE LOCATIONS</th>
<th>TYPES OF OFF-SITE LOCATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Inpatient Remote Locations</td>
<td>07 Satellites of a PPS Excluded Psych Unit</td>
</tr>
<tr>
<td>02 Off-site Freestanding Outpatient Surgery</td>
<td>08 Satellites of a Long Term Care Hospital</td>
</tr>
<tr>
<td>03 Urgent Care Center (Freestanding)</td>
<td>09 Satellites of a Cancer Hospital</td>
</tr>
<tr>
<td>04 Satellites of a Rehabilitation Hospital</td>
<td>10 Satellites of a Children’s Hospital</td>
</tr>
<tr>
<td>05 Satellites of a Psychiatric Hospital</td>
<td>11 Other Provider-Based Locations</td>
</tr>
<tr>
<td>06 Satellites of a PPS Excluded Rehab Unit</td>
<td>12 Off-campus Emergency Department</td>
</tr>
</tbody>
</table>

- Complete an identification entry for each off-site location that bills for services under the provider’s CCN. Example: If a hospital has seven off-site locations that bill for services under the hospital’s CCN, complete seven separate entries.
- Complete all the blocks for each off-site location.
- From the table above, enter the identification number for the type of off-site location. Example: enter “02” for an off-site freestanding outpatient surgery location.
- Using the Code number provided, enter the sprinkler status of each location.

ENTRY____
Identification Number Assigned to the Specific Off-site Location (from table) (M44): ________
Name of Off-site Location (M45): ____________________________________________________
Off-Site Street Address (M46): ______________________________________________________
County (M47): __________________________________________ State (M49): __________ Zip Code (M50): ________
Sprinklered Status of Off-site Location (select 1) M51): __________________
  01 Totally sprinklered: All required areas are sprinklered
  02 Partially sprinklered: Some but not all required areas sprinklered
  03 Sprinklers: None
  04 Sprinklers are not required but the location is sprinklered

ENTRY____
Identification Number Assigned to the Specific Off-site Location (from table) (M44): ________
Name of Off-site Location (M45): ____________________________________________________
Off-Site Street Address (M46): ______________________________________________________
County (M47): __________________________________________ State (M49): __________ Zip Code (M50): ________
Sprinklered Status of Off-site Location (select 1) M51): __________________
  01 Totally sprinklered: All required areas are sprinklered
  02 Partially sprinklered: Some but not all required areas sprinklered
  03 Sprinklers: None
  04 Sprinklers are not required but the location is sprinklered

Make additional copies as needed for additional off-site locations.
Identify all related or affiliated Medicare or Medicaid providers/suppliers that are:

---Owner and/or operated by the hospital or CAH, or
---Located on a campus or location of the hospital or CAH, and
---Do not bill for services under the hospital or CAH CCN.

- In the block “Number of related or affiliated provider/suppliers (M52)”, write the total number of all related or affiliated providers/suppliers. Example: If a hospital has 1 collocated hospital, 1 hospice, and 1 SNF to which it is related or affiliated, the number “3” would be entered.

- In the block beside the identified provider/suppliers, write the total number of that particular provider/supplier type that is related or affiliated to the hospital/CAH. Example: If a CAH has one provider based RHC, enter the number “1” in the block beside “09 RHC”; if a hospital has two affiliated Medicare certified ASC which have their own CCN, enter the number “2” in the block beside “01 ASC”

<table>
<thead>
<tr>
<th>TYPES OF AFFILIATED PROVIDER/SUPPLIERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Ambulatory Surgery Center (ASC)</td>
</tr>
<tr>
<td>02 Co-located Hospitals</td>
</tr>
<tr>
<td>03 Co-located Satellites of Another Hospital</td>
</tr>
<tr>
<td>04 End Stage Renal Disease (ESRD Center)</td>
</tr>
<tr>
<td>05 Federally Qualified Health Center (FQHC)</td>
</tr>
</tbody>
</table>

- In the block “Type of provider (M53)”, enter the number from the above table that identifies the particular type of related or affiliated provider/supplier. Example: Enter the number “10” for a distinct part SNF or a collocated SNF related or affiliated.

- In the block “Provider number (54)”, enter the related or affiliated provider’s Medicare provider number. In the case of PRTF, write the Medicaid provider number.

<table>
<thead>
<tr>
<th>Type of Provider (M53):________</th>
<th>CCN (M54):________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Provider (M53):________</td>
<td>CCN (M54):_______________________</td>
</tr>
<tr>
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<td>Type of Provider (M53):________</td>
<td>CCN (M54):_______________________</td>
</tr>
</tbody>
</table>

Make additional copies as needed for additional related or affiliated provider numbers.
ASSURANCE OF COMPLIANCE


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

Form HHS-690
5/97
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.