



HEALTHCARE FACILITY REGULATION DIVISION

HOSPITAL INITIAL MEDICARE CERTIFICATION

This letter will provide information about the requirements and procedures through which a hospital in Georgia may be approved to participate as a Medicare provider of hospital Services. The two independent and important steps in becoming a Hospital Medicare provider are the Application Process and the Medicare Certification process.

1. APPLICATION PROCESS:

As part of your request to participate in Medicare, you must enroll with the Medicare fiscal intermediary (FI). Provider enrollment applications (855A forms) are available for downloading at <http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf> along with a user's guide providing instructions for completing the forms. The provider enrollment application must be submitted directly to the FI assigned to Georgia hospital providers, Cahaba GBA, Provider Enrollment - Part A, P.O. Box 1537, Birmingham, AL 35201. The FI can also be reached at <http://www.cahabagba.com> or by calling Provider Enrollment at 1-877-567-3095. If you require help or assistance in completing the CMS 855A form, contact the FI, not the Healthcare Facility Regulation Division (HFRD). The FI will notify HFRD of its recommendation for approval or denial of enrollment for your hospital. The initial certification survey may not be conducted until the FI approves your enrollment application (855A).

Additional CMS forms noted below must be completed and returned to the Health Care Section, Healthcare Facility Regulation Division, Georgia Department of Community Health, 2 Peachtree St., NW, Suite 31-447, Atlanta, GA 30303-3142.

Two (2) Health Insurance Benefit Agreement (CMS-1561) forms must be completed. The Health Insurance Benefits Agreement is your contract with CMS and requires original signatures on both agreement forms. On the first line of the Health Insurance Benefits Agreement, after the term THE SECRETARY OF HEALTH AND HUMAN SERVICES, enter the entrepreneurial name of the hospital, followed by the trade name (if different from the entrepreneurial name) on the second line after (D/B/A). On the third line of the form, after the term Social Security Act, enter the entrepreneurial name of the hospital again, followed by the trade name (if different from the entrepreneurial name) after the term D/B/A. Ordinarily, the entrepreneurial name is the same as the business name used on all official IRS correspondence concerning payroll withholding taxes, such as the W-3 or 941 forms. For example, the ABC Corporation, owner of the Community Hospital, would enter on the agreement, "ABC Corporation d/b/a Community Hospital." A partnership of several persons might complete the agreement to read: "Robert Johnson, Louis Miller and Paul Allen, ptr. d/b/a Community Hospital". A sole proprietorship would complete the agreement to read: "John Smith d/b/a Community Hospital." The person signing the Health Insurance Benefits Agreement must be someone who has the authorization of the owners of the hospital to enter into this provider agreement with CMS.

CMS is also required to obtain information from new providers related to their compliance with Civil Rights requirements. Two (2) HHS 690 forms, entitled Assurance of Compliance, must be completed, have original signatures on each, and be returned along with the Medicare Certification Civil Rights

Information Request Form and the requested documentation. HFRD will forward the completed forms to CMS who will send the forms to the Regional Office of Civil Rights (OCR) for review. In practice, CMS Regional Offices will approve a provider's initial certification pending clearance from OCR. On rare occasions, OCR informs CMS that clearance has been denied or that the required assurances have not been submitted. Failure to provide the needed information or failure to receive clearance from OCR may negatively impact your participation in the Medicare program.

Laboratory Services:

If you anticipate that your facility will be performing any clinical laboratory testing or specimen collection, you need to contact the laboratory section of the **HFRD Diagnostic Services Unit at 404-657-5450**. This unit will assist you in determining whether there are additional Federal and State laboratory requirements that your facility will have to meet.

Radiology Services:

If you anticipate that your facility will be performing any radiology services, you need to contact the x-ray section of the **HFRD Diagnostic Services Unit at 404-657-5400**. This unit will assist you in determining whether there are additional Federal and State radiology requirements that your facility will have to meet.

2. MEDICARE SURVEY PROCESS:

HFRD has contracted with the Centers for Medicare/Medicaid Services (CMS) to perform initial and periodic surveys and to certify whether providers of services meet the hospital Medicare Conditions of Participation. Compliance with the hospital Conditions of Participation is a requirement to participate in Medicare. Such Medicare approval, when required, is a prerequisite to qualifying to participate in the State Medicaid program as well.

Please be aware that due to very substantial federal resource limitations, HFRD must currently adhere to a careful priority schedule as we respond to requests from new hospital providers that seek to participate in Medicare. CMS now requires HFRD to place a higher priority on recertification of existing Medicare certified facilities, on complaint investigations, and on similar work for existing facilities than for initial surveys of facilities newly seeking Medicare participation. The outcome of the required prioritization of our federal workload means that if you wish the HFRD to conduct your initial Medicare survey, you will have to wait a longer period of time for the survey unless you are able to utilize one of the following options:

a. Accreditation:

New hospitals have the option to be accredited by a CMS-approved accrediting organization (AO) and such accreditation is "deemed" to be equivalent to a recommendation by HFRD for CMS certification. There is a fee associated with accreditation, the AO must have evidence that your CMS 855A enrollment application has been approved, and your hospital must have obtained a state license. If you wish to pursue this option, you will need to contact the AO and obtain information on how to proceed in scheduling a survey. Be sure to inform the AO that you are requesting the Medicare "deeming" survey. The following is a list of accreditation organizations currently approved by CMS for Medicare deeming purposes:

Joint Commission (JC) One Renaissance Blvd. Oakbrook Terrace, IL 60081 630-792-5000 Contacts: Steve Misenko smisenko@jointcommission.org Darlene Christiansen dchristiansen@jointcommission.org	American Osteopathic Association (AOA) 142 East Ontario St. Chicago, IL 60611-2864 Contact: George Reuther 312-202-8060 (w) 312-202-8360 (fax) greuther@hfap.org	Det Norske Veritas Healthcare (DNV Healthcare) 463 Ohio Pike, Suite 203 Cincinnati, OH 45255 Contacts: Patrick Horine 513-388-4888 patrick.horine@dnv.com Darrel Scott 513-388-4862 darrel.scott@dnv.com
---	--	---

When you receive your accreditation survey report, send a copy of the report and a copy of the cover letter to HFRD. If your facility receives initial “deeming” accreditation, HFRD will complete the administrative paper work portion of your Medicare approval process, and forward the paperwork to CMS. CMS will issue a Medicare provider number.

b. Underserved Areas:

If your hospital is in an area of the state that lacks hospital providers and beneficiaries are experiencing significant access-to-care problems, you may apply by letter to HFRD for CMS consideration to grant an exception to the priority assignment of the initial survey. HFRD will evaluate the situation and forward the request to CMS with a recommendation. There is no special form required to make a priority exception request. However, the burden is on you to provide data and other evidence that effectively establishes the probability of adverse beneficiary health care access consequences if your hospital is not enrolled to participate in Medicare. CMS has informed us that they will not endorse any request that fails to provide such evidence and fails to establish the special circumstances surrounding the request.

If CMS approves HFRD surveyors to conduct your initial Medicare survey to determine whether Medicare Conditions of Participation are met, you must have obtained a *state license* (see separate packet for licensing instructions), submitted all required *CMS forms to HFRD*, obtained approval from the *FI of your Medicare enrollment application (CMS-855A)*, and be fully operational.

Your hospital must have accepted and provided care to two or more patients (who are not required to be Medicare patients), provided all services needed by the patients, demonstrated the operational capability of all facets of the hospital’s operations, and be able to demonstrate compliance with each of the hospital Conditions of Participation.

If HFRD has been approved by CMS to conduct your initial Medicare survey, your hospital must be fully operational and ready for the survey, a request for an initial Medicare survey is required to be made in writing to HFRD. In accordance with CMS policy, all certification surveys will be **UNANNOUNCED**.

At the time of the Medicare survey, it will be determined whether or not your hospital meets the Conditions of Participation for the Medicare program. If you are found to be in full compliance with the Medicare Conditions of Participation, HFRD will recommend to CMS that you be certified in the Medicare program, effective the last day of the survey.

If deficiencies below the condition level are identified during the course of the survey, you will be given an opportunity to submit an **acceptable plan of correction**. Upon receipt of the acceptable plan of correction, HFRD will *recommend* to CMS that your hospital be certified effective the date you submitted your acceptable plan of correction.

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

Issuance of Provider Number:

After a determination is made that all requirements for participation in the Medicare program are met, you will be assigned a Medicare provider number. CMS will notify you, HFRD, and your FI of your assigned provider number. The FI will subsequently contact you with information about submitting reimbursement claims for Medicare services. Your hospital **cannot claim provider reimbursement for services rendered to Medicare patients prior to the effective date of your Medicare provider number**.

The two (2) Health Benefit Agreements will be countersigned by CMS and HFRD will forward one signed agreement to you for your files and will keep one signed agreement in your HFRD facility file.

Change in Ownership:

If operation of the hospital is later transferred to another owner, ownership group, or a lessee, the Medicare agreement will usually be automatically assigned to the successor. (If the new owner does not wish to accept assignment of the Medicare number, the new owner must make a specific request for a new provider number to CMS in writing). You are required to notify CMS through the HFRD at the time you plan such a change of ownership. Please note that under state law and regulations, you must notify HFRD at least 30 days in advance of any changes in ownership.

We hope this letter is helpful to you in understanding the steps and options available to you in becoming certified to participate in Medicare as a hospital provider of services and we regret that the resource limitations under which we operate may complicate the process of enrolling in Medicare as a certified provider of hospital services.

Please do not hesitate to call this office at 404-657-5440 if you have questions about the application and certification process other than completion of the CMS 855A form. Questions about completing the CMS 855A form should be addressed to the FI.

Additional Required Forms:

- 1. Hospital/CAH Database Worksheet**
- 2. CMS 1561 Health Insurance Benefit Agreement (two signed originals)**
- 3. HHS 690 – Assurance of Compliance/Civil Rights (two signed originals)**
- 4. Medicare Certification Civil Rights Information Request Form**

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
- 02 Limited
- 03 Graduate School
- 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
- 02 Private (Not for Profit)
- 03 Other (specify) _____
- 04 Proprietary (For Profit)
- 05 Federal

- 06 State
- 07 Local
- 08 Hospital District or Authority
- 09 Physician Ownership
- 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):** _____

Number of Employees Salaried by Hospital/CAH					
(Use Full Time Equivalents FTE)					
M20	Physicians (Salaried only)		M30	Medical Technologists (Lab)	
M21	Physicians - Residents		M31	Nuclear Medicine Technicians	
M22	Physician Assistants (PA)		M32	Occupational Therapists	
M23	Nurses - CRNA		M33	Pharmacists (Registered)	
M24	Nurses - Practitioners		M34	Physical Therapists	
M25	Nurses - Registered		M35	Psychologists	
M26	Nurses - LPN		M36	Radiology Technicians (Diagnostic)	
M27	Dieticians		M37	Respiratory Therapists	
M28	Medical Social Workers		M38	Speech Therapists	
M29	Medical Laboratory Technicians		M39	All Others	

Type of Reimbursement or Status Categories of a Hospital or a CAH (select all that apply) (M40): _____

01	CAH Psychiatric DPU		07	Hospital PPS Excluded Psych Unit	
02	CAH Rehabilitation DPU		08	Hospital PPS Excluded Rehab Unit	
03	CAH Swing Beds		09	Hospital Swing Beds	
04	Specialty Hospital		10	Medicare Dependent Hospital	
05	Hospital in a Hospital - Host		11	Regional Referral Center	
06	Hospital in a Hospital - Tenant		12	Sole Community Hospital	

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

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

Sprinkler Status, Primary Location (select 1) (M42): _____

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

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

01	Inpatient Remote Locations		07	Satellites of a PPS Excluded Psych Unit	
02	Offsite Freestanding Outpatient Surgery		08	Satellites of a Long Term Care Hospital	
03	Urgent Care Center (Freestanding)		09	Satellites of a cancer hospital	
04	Satellites of a Rehabilitation Hospital		10	Satellites of a Childrens' Hospital	
05	Satellites of a Psychiatric Hospital		11	Other Provider-Based Location	
06	Satellites of a PPS Excluded Rehab Unit		12	Off-campus Emergency Department	

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 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**

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): _____

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

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: _____

PROVIDER-BASED OFF-SITE LOCATION CONTINUATION WORKSHEET PAGE 1 OF _____

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): _____

TYPES OF OFF-SITE LOCATIONS

01	Inpatient Remote Locations		07	Satellites of a PPS Excluded Psych Unit	
02	Off-site Freestanding Outpatient Surgery		08	Satellites of a Long Term Care Hospital	
03	Urgent Care Center (Freestanding)		09	Satellites of a Cancer Hospital	
04	Satellites of a Rehabilitation Hospital		10	Satellites of a Children’s Hospital	
05	Satellites of a Psychiatric Hospital		11	Other Provider-Based Locations	
06	Satellites of a PPS Excluded Rehab Unit		12	Off-campus Emergency Department	

- 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): _____

City (M48): _____ 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): _____

City (M48): _____ 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.

RELATED OR AFFILIATED CCN CONTINUATION WORKSHEET PAGE 1 OF _____

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”**

TYPES OF AFFILIATED PROVIDER/SUPPLIERS					
01	Ambulatory Surgery Center (ASC)		06	Home Health Agency	
02	Co-located Hospitals		07	Hospice	
03	Co-located Satellites of Another Hospital		08	Psychiatric Residential Treatment Facility	
04	End Stage Renal Disease (ESRD Center		09	Rural Health Clinic (RHC)	
05	Federally Qualified Health Center (FQHC)		10	Skilled Nursing Facility (SNF)	

- **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.**

Type of Provider (M53):_____ CCN (M54):_____

Type of Provider (M53):_____ CCN (M54):_____

Type of Provider (M53):_____ CCN (M54):_____

Type of Provider (M53):_____ CCN (M54):_____

Type of Provider (M53):_____ CCN (M54):_____

Type of Provider (M53):_____ CCN (M54):_____

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

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.

ASSURANCE OF COMPLIANCE

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

Date

Signature and Title of Authorized Official

Name of Applicant or Recipient

Street

City, State, Zip Code

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

Office for Civil Rights

Medicare Certification

Nondiscrimination Policies and Notices

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

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

Applicable Regulatory Citations:

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

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

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

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

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

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

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

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

Age Discrimination Act: 45 CFR Part 91

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

Go to [45 CFR Part 91](#) for the full regulation.

Policy Examples

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

NONDISCRIMINATION POLICY

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

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

In case of questions, please contact:

Provider Name:

Contact Person/Section 504 Coordinator:

Telephone number:

TDD or State Relay number:

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

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

Medicare Certification

Communication with Persons Who Are Limited English Proficient

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

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

Applicable Regulatory Citations:

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

§80.3 Discrimination prohibited.

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

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

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

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

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

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

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

Resources

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

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

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

Examples of Vital Written Materials

Vital written materials could include, for example:

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

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

Nonvital written materials could include:

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

Medicare Certification

Auxiliary Aids and Services for Persons With Disabilities

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

Applicable Regulatory Citations:

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

§84.3 Definitions

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

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

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

§84.4 Discrimination prohibited

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

Discriminatory actions prohibited –

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

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

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

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

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

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

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

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

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

Subpart F – Health, Welfare and Social Services

§84.51 Application of this subpart

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

§84.52 Health, welfare, and other social services.

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

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

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

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

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

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

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

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

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

504 Notice

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

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

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

Resources:

U.S. Department of Justice Document:

[ADA Business Brief: Communicating with People Who are Deaf or Hard of Hearing in Hospital Settings](#)

[ADA Document Portal](#)

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

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.

Medicare Certification

Age Discrimination Act Requirements

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

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

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

Applicable Regulatory Citations:

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

§ 91.3 To what programs do these regulations apply?

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

Subpart B-Standards for Determining Age Discrimination

§ 91.11 Rule against age discrimination.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 91.15 Burden of proof.

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

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

For the full regulation, go to [45 CFR Part 91](#).