



FOR OFFICE USE ONLY

Check Amount
Check Number
License Expiration

State of Delaware

Office of Health Facilities Licensing and Certification

Licensure Renewal Application for 3350 Skilled Home Health Agency (HHAS)

(Please type)

License ID HHAS -

Provider Legal Name

Doing Business As (DBA)

Agency Address

City

State DE

Zip Code

Agency Phone

Agency Fax

Director

Email

Alt. Director

Email

Clinical Director

Email

Delaware Registered Nursing License Number

Expiration Date

Alt. Clinical Director

Email

Delaware Registered Nursing License Number

Expiration Date

Emergency Contact Name

Emergency Contact Phone

Email

(EMERGENCY CONTACT MUST BE AVAILABLE AT ALL TIMES IN CASE OF EMERGENCY, NATURAL DISASTER, ETC.)

Agency Type (Check all that apply)

- | | |
|---------------|------------|
| 1. Private | Public |
| 2. Non-Profit | For-Profit |

Office Hours

Check the county(ies) in which your agency will provide services

New Castle	Kent	Sussex
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Accredited?	Yes	No	Deemed?	Yes	No
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Accrediting Organization	Expiration Date
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Licensure Survey

All home health agencies providing skilled services are required to meet the Delaware Department of Health and Social Services Skilled Home Health Agencies regulations (3350).

1. List the number of unduplicated intermittent patients admitted in the previous 12 months.
 - a. Census
 - b. Skilled
 - c. Unskilled
2. Date of your last program evaluation (not by OHFLC).

Please attach a summary of your last annual program evaluation, along with your policies and procedures review. Identify what steps you took to resolve any problems. (Reg. 4.2.11)

 - 2a. Attach a list of members involved in the evaluation
 - 2b. Attach a list of findings and recommendations
 - 2c. What follow-up is being done or planned to be done?
3. Has there been a change of ownership since the last survey? Yes No

If Yes, give date
4. Home health aide services are provided Directly By Contract Both N/A
5. Do all individuals who furnish home health services on behalf of the agency meet competency evaluation and skill assessment requirements? Yes No
 - 5a. Attach a list of home health aide in-service conducted in the previous year that reflects Reg. 5.7.6.
 - 5b. All home health aides have received in-service training as required 12 hours per year.
Yes No

Explain "No" Response

Attach the following documents regarding the organization and services of the state licensed HHAS. Documents should be labeled with the noted Exhibit identifier. For example, the "List of Services" should be labeled "Exhibit B."

Exhibit A – Delaware Business License (and city/town business license if applicable)

Exhibit B - List of Services

Exhibit C - Organizational Chart(s)

Exhibit D - Changes in organization (if applicable)

Exhibit E - List of governing body members

Exhibit F - Proof of insurance (Reg. 9.0)

Exhibit G - Evidence such as governing body minutes that show Budget approval, approval of annual, and appointment of any new director since last survey (Reg. 4.1 and 4.2).

Exhibit H - List showing the names, addresses and percent of interest of each officer, director and owners having an interest in the agency (complete "Ownership Interest" included).

Exhibit I - Name, address and types of agencies owned or managed by the applicant.

Exhibit J - Resumes of Director, Clinical Director and Alternates for each.

Please Email the following as two (2) separate attachments to DHSS_DHCQ_OHFLCFAX@DELAWARE.GOV

Exhibit K - Accreditation Certification, Official Accreditation report, and Plan of Corrections (if applicable).

Exhibit L – Your Disaster Preparedness Plan (including reviewed/revised date).

Home Health Agency Services and Employee Information

Services Provided	Does your company provide these services? Yes or No	Are the services provide by employees of the agency? Yes or No	Number of persons employed in each service	Are the services provided by contractors? Yes or No	Number of contractors providing each service?	Are services provided by both employees and contractors?	Total number of caregivers in each service?
Licensed Nursing							
Physical Therapy							
Speech Therapy							
Audiology Services							
Occupational Therapy							
Nutritional Services							
Social Services							
Home health aide							
Homemaker							
Companion Services							
Durable Medical Equipment							
Intravenous Therapy							
Respiratory/Inhalation Therapy							
Pharmaceutical Services							
Other (please list)							

