

PROFESSIONAL SUPPORT SERVICES PROCEDURES FOR APPLYING FOR LICENSURE OF A NEW FACILITY

- 1. Prior to submitting a licensure application and fee to Health Care Facilities ensure that an initial approval letter is obtained from the Department of Intellectual and Developmental Disabilities (DIDD). Submit a notarized application along with the appropriate licensure fee and a copy of the initial approval letter from DIDD to the address at the top of the application.
- 2. Approximately thirty (30) to forty-five (45) days prior to your being ready to open your facility you will need to send a letter to the Regional Office in your area to request a survey of the facility. The Regional Office will notify you to schedule the survey. Be certain that you have given yourself plenty of time to have your policies and procedures in order. If you are not ready on the date of survey it will most likely be thirty (30) days or more before the survey can be rescheduled.
- 3. Once the survey has been completed the surveyor will tell you if a recommendation is going to be made to license your facility. The surveyor will forward the appropriate forms to the Regional Office for the Regional Director's signature. The forms will then be forwarded to the Central Office Licensure Section in Nashville.
- 4. Licensure staff will then process the forms and send an initial approval letter to you contingent on you executing a final provider agreement with DIDD/TennCare. The application will then be presented to the Board for Licensing Health Care Facilities (HCF) at the next regularly scheduled board meeting for ratification <u>ONLY</u> after HCF has received a copy of the final executed provider agreement. If the Board ratifies the application the license will then be ordered from the computer center. You should receive the license in seven (7) to ten (10) days.
- 5. If the Board does not ratify the initial approval of your application, a letter will be mailed to you providing an explanation and specific instructions as to any actions you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at <u>http://tn.gov/health/topic/hcf-professionals</u>. Please check this website periodically for updates.



PROFESSIONAL SUPPORT SERVICES APPLICATION FOR INITIAL LICENSURE

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Name of the Fac	cility/Agency		
Location of the	Facility:		
Street			City
County		State	Zip
Phone Number	()	Fax Number	· <u>()</u>
Twenty-four (24	4) Hour Emergency Phone N	umber ()	
E-Mail Address			
Administrator	Information:		
Administrator			
		ted of a crime involving injury t or fraud)? Yes 1	or harm to person(s), financial or business manageme
If yes, what cha	rge(s)?		
Location of Cor			Date
	(City)	(County)	(State)
Mailing addres	s if different from the Faci	lity location address:	
Name			
Street			
City		State	Zip
Ownership of I	Building:		
Name		Pl	hone Number ()
Street			
City		State	Zip
FEF SCHEDU	LE: (FEES ARE NON-RE		
			one that applies and submit proof:
			al Health and Developmental Disabilities
	-		tle 63, Chapter 13 or 17 and own a home
	3. You are a home care of an annual licensure fe		d by another home care organization and pay
\$1,40	4 - If you are a home care or	ganization authorized to provide	professional support services only

	,	your facility have a current provider agree	r	ii Support Bervices:
(P	Please	e refer to #4 note of the instruction she	eet). Yes No	
2. <u>C</u>	Geogr	raphic area served by Agency: (check ap	propriate region or regions).	
		East	Middle	West
3. <u>(</u>	Chec	k type of services provided:		
á	a	Skilled Nursing	c. Occupational Therapy	
۱	b.]	Physical Therapy	d. Speech Therapy	
Site (Code	<u>s:</u>		
		er of sites codes: e Number, address and phone of eacl	h site: (If additional space is needed, please	e use a separate page)
OWN	NERS	SHIP OF BUSINESS:		
1. a	a.	Check the type of Legal Entity: Individual Partnership	Corporation Limited Liability Con	mpany
		Church Related Governm	nent/County Other	
۱	b. (Check One: For Profit	Non-profit	
		Check One: For Profit Legal Entity checked in 1.a:	Non-profit	
	c.]	Legal Entity checked in 1.a:	Non-profit	
	c.]	Legal Entity checked in 1.a: Name	Phone Number ()	
Ċ	c.]	Legal Entity checked in 1.a: Name Address	-	
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Ċ	c.] d.]	Legal Entity checked in 1.a: Name Address List name(s) and address(es) of individua Name	Phone Number () al owners, partners, directors of the corporation, o Street	or head of the governmental entity City, State, Zip
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2. 4	c. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Legal Entity checked in 1.a: Name Address List name(s) and address(es) of individua Name Name (If additional space is needed, please use Is your facility/organization accredited	Phone Number () al owners, partners, directors of the corporation, o Street Street Street te a separate sheet) d by a federally approved accrediting body ind	or head of the governmental entity City, State, Zip City, State, Zip City, State, Zip City, State, Zip
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2. a 	c. 1 d. 1	Legal Entity checked in 1.a: NameAddressAddress List name(s) and address(es) of individua Name Name Name Is your facility/organization accredited F, etc.? Yes No Is your facility/organization deemed by a Yes No u have a parent company please provide t	Phone Number () al owners, partners, directors of the corporation, o Street Street Street a separate sheet) d by a federally approved accrediting body including Expiration Date	or head of the governmental entity City, State, Zip City, State, Zip City, State, Zip City, State, Zip

Yes No If yes, list names and addresses of all such		
If yes, list names and addresses of all such		
	h facilities: (If additional space is needed, plea	ase use a separate sheet)
Do you have a contract with a management	ent firm to operate this facility? Yes	No
If yes, specify dates: From	То	
If yes, specify name of firm:		
Phone Number ()		
Address:		
Name	Street	City, State, Zip
	ever been denied a license, had a license suspen nalties for a health care facility in Tennessee or	
If yes, where?	When?	
For what reason?		
s promulgated under Tennessee Code Annot		cation for licensure is made and with
	tated (TCA) § 68-11-201.	
also certifies that a policy has been implem	tated (TCA) § 68-11-201.	
also certifies that a policy has been implem ts of abuse or neglect.	tated (TCA) § 68-11-201.	ion under TCA § 71-6-103 to report
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also certifits of abuse ant Signature of or ove named vorn on his nts concerr	applicant (print name)	re Title or Position