

DESCRIPTION OF HOME CARE AGENCY LICENSURE ACTIVITIES

This summary describes the activities involved in the licensure process for a Health Care Agency as performed by the Health Facilities and Emergency Medical Services Division.

Licensure Renewals

- Defined as continuation of an existing license for an additional one-year period.
- Work associated with the maintenance and renewal of existing licenses includes:
 - License application processing:
 - Providing general technical assistance and answering questions;
 - Receiving applications and fees, data entry, and filing;
 - Reviewing the application for completeness and following up on missing or incomplete items;
 - Reviewing material required to be submitted with the application;
 - Assessing the compliance history of the applicant;
 - Reviewing general fitness and researching items of potential concern;
 - Reviewing the applicants Quality Management Program;
 - Overall coordination with the health survey process;
 - Issuing and mailing the license.
 - A survey [inspection] approximately every three years (or approximately every six years for an HCA that is accredited with deemed status) to assess compliance with applicable state regulations. The survey process in general includes:
 - Conducting an on-site inspection, writing a summary of findings, and notifying the Home Care Agency (HCA) of survey results;
 - Reviewing the HCA's plan for correcting any deficiencies cited (when applicable), requesting clarifications as needed, and notifying the agency of approval;
 - Making a survey re-visit (where applicable), through either an on-site visit or review of documentation, to verify that the planned corrections have been implemented.
 - Investigating complaints as received throughout the year, including:
 - Intake and assessment of the complaint (e.g., the nature of the complaint and the severity of the allegations, whether the Department has jurisdiction over the matter involved, etc.);
 - Investigation, typically through an on-site survey, notification and re-visit process similar to that described immediately above for annual surveys.
 - Reviewing Occurrence reports as received throughout the year, including:
 - Intake and initial assessment of the occurrence;
 - Review of the HCA's report to ensure that appropriate action was taken;
 - Working with the agency, if needed to develop and ensure an appropriate systemic plan to prevent further occurrences.
 - Supporting administrative activities, including:
 - Maintaining and updating regulations;
 - Responding to inquiries from the public and media, maintaining information on the department's website, and records management;
 - Overall management of the program, financial administration, and IT services.

- Enforcement activities, including
 - Informal Dispute Resolution (IDR), which is a review process available to HCAs to dispute deficiencies and intermediate conditions;
 - Investigating and, when warranted, acting on instances of an agency operating without a license;
 - Revoking, denying or suspending a license.

Initial Licensure

- Defined as issuance of a new license when such license is not a change of ownership.
- Work associated with initial licensure includes:
 - License application processing, including:
 - Providing general technical assistance and answering questions;
 - Receiving applications and fees, data entry, and filing;
 - Reviewing the application for completeness and following up on missing or incomplete items;
 - Reviewing material required to be submitted with the application;
 - Assessing the compliance history of the applicant in Colorado and/or other states;
 - Performing criminal background checks and researching any items of potential concern;
 - Overall coordination with the health survey process;
 - Issuing and mailing the license.
 - A health survey [inspection] to assess compliance with applicable regulations, including:
 - Reviewing the HCA's policies and procedures, and providing technical assistance to the applicant as needed;
 - Conducting an on-site inspection, writing a summary of findings, and notifying the agency of survey results;
 - Reviewing the HCA's plan for correcting any deficiencies cited (when applicable); requesting clarifications as needed, and notifying the HCA of approval;
 - Making a survey re-visit (where applicable), through either an on-site visit or review of documentation, to verify that the planned corrections have been implemented.
 - Investigation of complaints (as received during the subsequent 12 months), including:
 - Intake and assessment of the complaint (e.g., the nature of the complaint and the severity of the allegations, whether the Department has jurisdiction over the matter involved, etc.);
 - Investigation, typically through an on-site survey, notification and re-visit process similar to that described immediately above for the health survey.
 - Enforcement activities, including
 - Informal Dispute Resolution (IDR), which is a review process available to HCAs to dispute deficiencies and intermediate conditions;
 - Investigating and, when warranted, acting on instances of an agency operating without a license;
 - Revoking, denying or suspending a license.

Licensure – Change of Ownership

- Defined as the sale of a presently licensed HCA to another party.
- Work associated with changes of ownership includes:
 - Licensure application processing, as described above for Initial Licensure;
 - Health survey, as described above under Initial Licensure.