

Guidance for CON, ADH, and HH Licensure in PACE

Certificate of Need

PACE Organization (PO) shall apply for a non-substantive review Certificate of Need (CON) for Home Health (HH) and/or Adult Day Center (ADC) at the time of first submission with CMS,

1. CON webpage- <https://www.chfs.ky.gov/agencies/os/oig/dcn/Pages/cn.aspx>
 - i. Certificate of Need Form 2A
2. Submit a signed copy of the state attestation/Assurances page with the PACE center address, county of PACE center, and other service area counties.

Adult Day Health Center

Upon receipt of ADH CON and PACE center completion, apply for **Adult Day Center** provisional licensure.

- [Applications for Health Care and Long-Term Care - Cabinet for Health and Family Services \(ky.gov\)](#)
 - [Title 902 Chapter 20 Regulation 066 • Kentucky Administrative Regulations • Legislative Research Commission](#)
1. **Adult Day Health Care Application** [OIG001.pdf \(ky.gov\)](#)
 2. Submit the fire marshal report
 3. Facility information form
 4. Submit DMS approved State Readiness Review report
 5. Submit a copy of the CON
 6. With the application include the following supplemental documentation for review
 - a. Staffing – Please provide a list of staff, including the Administrator, Nurse if applicable, direct care and ancillary staff.
 - b. Detailed Description of services provided by the program.
 - c. Detailed Procedure for providing first aid and making arrangements for medical care with a physician or hospital in case of accidents or medical emergencies.
 - d. Procedure for transporting patients to a physician or hospital in case of accidents or medical emergencies.
 - e. Procedure which assures the reporting of abuse, neglect, or exploitation of adults and children to the Cabinet for Families and Children pursuant to KRS Chapters 209 and 620.
 - f. Guidelines for storage and administration of medications that include:
 - i. Provision to ensure that medicines kept by the program shall be labeled with the patient’s name, name of the drug, strength of the drug, name of the dispensing pharmacy, prescription number, date, physician’s name, caution statements, and directions for use.

- ii. Provision to ensure that medicines requiring refrigeration are kept in a refrigerator.
- iii. Provision that medications kept by the program are kept under lock.
- iv. Provision to ensure that controlled substances are kept under double lock; and
- v. Provision to ensure that there is a controlled substances record.
- g. Provisions for promptly and conveniently obtaining prescribed drugs and biological from a community or institutional pharmacy.
- h. Documentation of direct care staff having current CPR certification.
- i. Documentation of employee's tuberculosis test.

Home Health Licensure

After signing the 3-way program agreement (CMS, PO, DMS), the PO shall apply for the **Home Health** provisional licensure.

- [Applications for Health Care and Long-Term Care - Cabinet for Health and Family Services \(ky.gov\)](#)
- [Title 902 Chapter 20 Regulation 081 • Kentucky Administrative Regulations • Legislative Research Commission](#)
 1. **Home Health License Application** [OIG004117.pdf \(ky.gov\)](#)
 2. With initial application provide the following supplemental documentation for review:
 - a. Organizational structure/personnel. Include a list of all medical personnel and ancillary staff.
 - b. Administrative and operational policies; Acceptance of patients, Establishment and review of plan of treatment, Non-discrimination policy, Clinical records, original drug orders and changes in orders, Evaluations, and Measures to determine whether the policies established are followed in providing services and Agency supervision.
 - c. Personnel Policies; Wage scales, Pre-employment criminal conviction information, Pre-employment and periodic medical examination, tuberculin test and/or chest x-ray.
 - d. Provision of Services; Hours of operation, including weekend and emergency services, designate services which are provided directly, and which are arranged, Contract for non-licensed provider.
 - e. Include the CON in the documentation.

Program of All-Inclusive Care for the Elderly (PACE)

CHFS/DMS/DLTSS

Effective 6 /12/2023

- **Mail completed application, documentation stated above, and subsequent fee to: Office of Inspector General, Division of Health Care, 275 East Main Street, 5E-A, Frankfort, KY 40621.**
- Upon enrollment and start date of the first participant, notify the Office of the Inspector General (OIG) to request the initial, unannounced licensure survey. Home Health Agencies must be seeing 10 (ten) patients for the survey to be conducted.
 - Rose Thompson for HH rose.thompson@ky.gov
 - Laura Fox for ADH laura.fox@ky.gov

References:

907 KAR 3:250 (PACE)

900 KAR 6:075E (CON)

902 KAR 20:066 (ADH)

902 KAR 20:081 (HHA)