

**Application Checklist**

**Application for Certificate of Exemption from Licensure as a**

**Home Health Agency**

**All forms listed below may be obtained from the website:** [http://ahca.myflorida.com/HQALicensureForms](http://ahca.myflorida.com/HQALicensureForms%20)

**Send completed applications to: Agency for Health Care Administration, Laboratory and In-Home Services Unit, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308.**

**Application types and definitions:**

**Initial** – application for an initial license/registration/certification

**Renewal** – biennial renewal of existing license/registration/certification

**Change During Licensure Period (C)** – request to amend /change provider information

**Fee Required:**

* Provider Name Change
* Agency Address Change
* Services – Add/Delete

**Exemption Certificate Fee and Other Amounts Due Upon Submission of Application:**

* The biennial exemption certificate fee is $100
* The replacement exemption certificate fee is $25.
* Other amounts due (fines, assessment, fees, etc.) will be detailed in the application

In order to provide the Agency with a complete application and expedite the licensure process, it may be helpful to gather the following information:

**SECTIONS OF THE APPLICATION:**

**Provider Information- (Application Types: All)**

Fictitious name (if applicable), street address, mailing address, telephone number, fax number, email address, website

address, and if applicable, Medicare provider number, Medicaid provider number and National Provider Identifier (NPI)

**Contact Person (Application Types: All)**

Name, email address, and telephone number

**Licensee (Owner) Information (Application Types: All)**

Organization type, complete legal name, mailing address, EIN/SSN, email address, telephone number, and fax number. Legal name and address submitted with application must be the same that is registered with Department of State, Division of Corporations

**Services (Application Types: All)**

Type of services provided

**CHANGE DURING EXEMPTION CERTIFICATION APPLICATION TYPES:**

**Request to Change the Services**

Sections 1, 2, 4, and 6 of the Application for Certificate of Exemption from Licensure as a Home Health Agency, AHCA Form 3110-1009, January 2021.

$25.00 fee for replacement certificate

**Request to Change the Address or Name of Provider**

Sections 1, 2 and 6 of the Application for Certificate of Exemption from Licensure as a Home Health Agency, AHCA Form 3110-1009, January 2021.

$25.00 fee for replacement certificate

**Supporting Documents – (refer to section 3 of the application for the exemption type)**

Exemption 400.464(6)(a), F.S.:

* + Letter on official letterhead and signed by an authorized representative of the federal government confirming the operation of the home health agency (Exemption 400.464(5)(a), F.S.)

Exemption 400.464(6)(b), F.S.:

* + Letter on official letterhead and signed by an authorized representative of the state agency confirming the direct provision of home health services or, if contracted with a state agency, a copy of the current contract with the state agency for the provision of home health services

Exemption 400.464(6)(d), F.S.:

* + Copy of the certified nursing assistant license, registration, or certification or home health aide training documentation

Exemption 400.464(6)(e), F.S.:

* + Letter from the individual stating the services that will be provided and required training documentation, if applicable

Exemption 400.464(6)(f), F.S.:

* + Letter on company letterhead and signed by an authorized representative of the entity or organization detailing the provision of instructional services in home dialysis and home dialysis supplies and equipment to be provided

Exemption 400.464(6)(k), F.S.:

* + Copy of the Community Residential Home license under Chapter 419, Florida Statutes
  + Documentation demonstrating that the entity derives at least 90 percent of their gross annual revenues from the provision of such services.

Exemption 400.464(6)(l), F.S.:

* + Letter on company letterhead and signed by an authorized representative of the not-for-profit, community-based agency confirming the provision of early intervention services to infants and toddlers and listing all governmental programs through which the agency is affiliated

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| *The Agency for Health Care Administration scans all documents for electronic storage.  In an effort to facilitate this process, we ask that you please remember to:*   * Place checks or money orders on top of the application * Include license/certificate number or case number on your check * Do not submit carbon copies of documents * Do not fold any of the documents being submitted * No staples, paperclips, binder clips, folders, or notebooks * Please ***do not bind any*** of the documents submitted to the Agency. |