DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 15-51-HHA
EXPIRED EFFECTIVE: 03/15/2024

DATE: **August 28, 2015**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: ***EXPIRED:*** Home Health Agencies (HHAs): Change of Address – Notification of the Medicare Administrative Contractor (MAC)

Memo Expiration Information:
Expiration Date: ***03/15/2024***
Expiration Information: ***Refer to QSO-24-07-HHA: Revisions to Home Health Agencies (HHA) – Appendix B of the State Operations Manual***

Memorandum Summary

State Operations Manual (SOM) Section 2185 "HHA Change of Address": HHAs must notify their respective MAC of a change of address and the notification timeframe in SOM Section 2185 has been revised from 30 days to 90 days to be consistent with the Provider Enrollment regulations at 42 CFR 424.516(e)(2).

Currently, section 2185 of the SOM (IOM Pub. 100-07) requires that, when an existing HHA intends to move from its surveyed and certified location to a new site or location that is within the current approved geographic area, it notifies the applicable MAC within 30 days of the move, and submits all required documentation including an amended Form CMS-855A. This reporting timeframe is not consistent with the Provider Enrollment regulations at 42 CFR 424.516(e)(2) which provide for a 90 day notification period. Section 2185 of the SOM has been revised to be consistent with this requirement. Section 2185 now specifies that, when an existing HHA intends to move from its surveyed and certified location to a new site or location that is within the current approved geographic area, it notifies the applicable MAC within 90 days of the move.

Contact: For any questions concerning the contents of this memorandum please contact *hhasurveyprotocols@cms.hhs.gov*

Effective Date: Immediately. This change should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
Thomas E. Hamilton

Attachment: SOM Section 2185 Advanced Copy Chapter 2- The Certification Process Revised

cc: Survey and Certification Regional Office Management

CMS Manual System

Pub. 100-07 State Operations Provider Certification

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal
Advance Copy

Date:

SUBJECT: State Operations Manual, Section 2185, HHA Change of Address to MAC within 90 Days

I. SUMMARY OF CHANGES: The SOM is revised at Section 2185 to specify that, when an existing HHA intends to move from its surveyed and certified location to a new site or location that is within the current approved geographic area, it notifies its MAC within 90 days of the move, and submits all required documentation including an amended Form CMS -855A.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: Upon Issuance
IMPLEMENTATION DATE: Upon Issuance

The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated.*)
(R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.*)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Chapter 2/ Home Health Agencies/ Section 2185/HHA Change of Address

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 20xx operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

State Operations Manual
Chapter 2 - The Certification Process
(Rev.)

Home Health Agencies (HHAs)
(Rev.)

2185 – HHA Change of Address

(Rev.)

It is inherent in the provider certification process that a provider notifies CMS of its intent to change the location or site from which it provides services. Absent such notification, CMS has no way of carrying out its statutorily mandated obligation of determining whether the provider is complying with applicable participation requirements at the new site or location. It is longstanding CMS policy that there is no basis for a provider to bill Medicare for services provided from a site or location that has not been determined to meet applicable requirements of participation. This guidance is contained in §3224.

When an existing HHA intends to move from its surveyed and certified location to a new site or location that is within the current approved geographic area, it notifies its MAC within *90* days of the move, and submits all required documentation including an amended Form CMS - 855A. The RHHI reviews the form and makes a recommendation to the RO. The RO then makes the final decision to approve the change of location. The provider notifies CMS either directly or through the SA, and, if it is a provider deemed to meet the requirements, it notifies its AO, in writing of the change of location.

Upon receipt of the MAC's approval notice, the RO will carefully evaluate the information, together with any supporting documentation from the provider and any other relevant information known to the RO in making its decision. If a decision can be made on the written application and supporting documentation, CMS may grant or deny an approval without requiring an onsite survey. See §2702B regarding when a resurvey is necessary based on change of a provider's size or location.

CMS generally will not approve a change of location of an HHA with one or more previously approved branches if the new location increases the distance between the parent HHA and its previously approved branch(es) to a point that prevents the HHA from exerting the supervision and control necessary to assure the provision of quality care for the patients served by the branch. If the location change is not approved, the provider may consider applying for a new provider number at the new location. CMS will consider the information contained in section 2182.4B in its assessment of the parent's ability to supervise the branch before approving or denying the request.