Division of Public Health
Curtis State Office Building
1000 SW Jackson St., Suite 330
Topeka, KS 66612-1368

Kansas
Department of Health and Environment

Phone: 785-296-0127
Fax: 785-559-4250
www.kdhe.ks.gov/facilities_licensing

Janet Stanek, Secretary

Laura Kelly, Governor

Home Health Agency Skilled Services Attestation Form

I, _____, am an authorized representative of
Print name

_____
Agency name

_____
Agency address

I attest that I have reviewed each state requirement for licensure of a home health agency and this agency is in compliance with, understands, and agrees with the following:

- All applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.) as related to a home health agency in the state of Kansas.
- If owned by a corporation or limited liability company (LLC), the corporation or LLC is registered with the Kansas Secretary of State's Office;
- The agency will neither serve home health agency patients or clients nor establish branch offices beyond 200 miles of the parent location;
- I will appoint and utilize an administrator and an alternate administrator (a person designated to act in the absence of the administrator) who meet the requirements of the Kansas Administrative Regulations (KAR);
- I will comply with the employee background check provisions of the Kansas Statutes Annotated (KSA);
- I understand that violations of any of the provisions of K.S.A. 65-5101 et seq., and amendments thereto, is a Class B misdemeanor;
- I understand that the provision of any services that are not within the scope of the HHA level of licensure obtained, are grounds for but not limited to, termination or loss of all or any HHA State License;
- I understand that a Skilled Services Home Health Agency (HHA) License is required to provide skilled services of any kind, including Home and Community Based Services (HCBS). Some program waivers require additional Centers for Medicare and Medicaid Services (CMS) Certification. Please check with the HCBS Program for requirements;

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- I understand that Kansas Department of Health and Environment may conduct survey inspections at any time during normal business hours and that failure to allow access for conducting such surveys constitutes grounds for denial, suspension, or revocation of a license;

- I will notify the Kansas Department of Health and Environment, Bureau of Facilities and Licensing, in writing, within five days, of changes in the agency's name, address, administrator, ownership, geographic area served and other material circumstances including closure of the agency;

- I understand that a home health agency license may be denied, suspended or revoked for failure to achieve or maintain substantial compliance with the home health agency licensure law, failure to implement regulations and any other standard adopted by the Kansas Department of Health and Environment, or obtaining a license by means of fraud, misrepresentation or concealment of material facts;

- If the annual renewal application is not filed and the annual fee is not paid within 30 calendar days of the renewal expiration date, such license is automatically canceled.

By signing and dating this Attestation Form, you are certifying:

- You understand this statement and document is a public record subject to the Kansas Open Records Act.
- You have read and will comply with all applicable Kansas statutes and regulations.
- You are authorized to represent the governing body, corporation, individual, or partnership and sign this document on behalf thereof.
- All information given is true and correct.

_____ _____

Signature / Title Date

_____ _____

Print Name Telephone No.