

Home Health Agency Non-Medical Supportive Care 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 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;
- The Supportive Care Services HHA licensure is extremely limited in scope and practice, and I understand the limitations and restrictions;
- 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 skilled services of any kind, including Home and Community Based Services (HCBS), are only included within the scope of the Skilled Services license. To provide skilled services, a Skilled Services Home Health Agency (HHA) License is required. Some program waivers require additional Centers for Medicare and Medicaid Services (CMS) Certification. Please check with the HCBS Program for requirements;

- I understand the Supportive Care Services HHA License is for unskilled Supportive Care Services workers only;
- Nursing services of any kind are prohibited with a Supportive Care Services license. This includes a nurse providing supervisory, assignment, delegation, oversight, medication administration/set-up, wound care, treatments, assessments, or any other activities that fall within the Kansas Nurse Practice Act through the Kansas Board of Nursing;
- Certified Nursing Assistant (CNA) and/or Home Health Aide positions are excluded with a Supportive Care Service license. Staff members who are CNAs or Home Health Aides may work as a supportive care worker, but are not able to provide skilled services approved under their certification.
- 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.