

Home Care Agency/Registry License FAQ

Q: How do I open a Home Care Agency?

A: You must review the rules and regulations, and then complete an initial Home Care Agency/Registry application, in its entirety. All information regarding Home Care Agencies/Registries can be found at the following link:
<https://www.health.pa.gov/topics/facilities/home-care/Pages/Home%20Care.aspx>

Q: Can I have a virtual office?

A: No. You must have a physical location, as the address of the physical location will be listed on the agency's license. It is a requirement, per regulation, that the license be posted in the agency.

Q: Can I run my agency in my home?

A: Yes; however, please note that after you've been licensed, when we conduct unannounced, on-site inspections, it will be in your home.

Q: What does D/B/A stand for?

A: Doing Business As. It will be your agency's fictitious name, should you wish for your agency to have a fictitious name. A fictitious name is not a requirement. However, business names that you place on the application must be approved through the Department of State.

Q: What do I need to include in the application?

A: Everything that is listed on the checklist (which is included in the application).

Q: What is the difference between a home care agency and home care registry?

A: Please review the definition of both terms in the regulations, located at the following link:
<https://www.health.pa.gov/topics/facilities/home-care/Pages/Home-Care-Regulations.aspx>

Q: Can I email the application?

A: Yes. You may email the application to ra-dhhomecarereview@pa.gov. Be sure to include all required forms with your 1st submission, rather than multiple emails. However, please note that your application will not be forwarded for review until your mailed application fee is received in the office (must be mailed in). **Include the agency's name in the memo section of the check/money order, so it can be attributed to the correct application.**

Q: What is the address that I need to mail the application to?

A: The address is located on the 2nd page of the application:
Division of Home Health
2525 N. 7th Street
Harrisburg, PA 17110

Q: Can I pay for the initial application online?

A: No. A check or money order must accompany the initial application, or the application will be returned to you.

Q: Can I hand deliver the application?

A: No. The Division is in a secure building, on a secure floor (not open to the public). Hand delivery is not accepted.

Q: Who do I make the check/money order payable to?

A: Commonwealth of Pennsylvania

Q: Do I have to complete the form titled “Information Requested of Healthcare Providers Applying for a License to Operate a Healthcare Facility”?

A: Yes. Home Care Agencies/Registries are listed as a healthcare facility in the regulations. You must complete ALL forms in the application.

Q: Does the Password Agreement form need to be notarized for my “witness signature”?

A: No. Anyone above the age of 18 can be your witness for signing the form.

Q: All of my answers do not fit in the space provided on the forms, can I type my answers on a different piece of paper and include that in the application?

A: Yes. However, be sure to label the pages/answers.

Q: Can you give me tips for submitting the application?

- A:**
- 1 – Do not submit the application in a binder, or spiral binding.
 - 2 – Do not staple pages.
 - 3 – Do not place pages in plastic sheets/coverings or folders.
 - 4 – Do not include information that is not specifically requested in the application materials (such as an entire policy and procedure manual, a business plan, policies pertaining to other Government programs – ODP, Office of Long Term Living, etc.) If you include information that is not relevant for the application, it will be discarded.
 - 5 – Keep the application in the order that it was printed in.

Q: What forms do I need to complete to open an agency?

A: You must complete all of the forms in the application that is on the website. Failure to submit all of the forms and the required supporting documentation will result in your entire application being mailed back to you as “Incomplete”.

Q: The application asks how many employees I have, but I haven't started hiring yet, because I'm still trying to open the agency, by filling out the application. What should my answer be?

A: Be honest in your answers. If you haven't hired anyone yet, the answer would be 0 (zero). However, on Chart 2 of the Civil Rights Survey, you're required to at least list yourself as the owner/administrator.

Q: Do I have to complete the form titled "Consumer Notice of Direct Care Worker Status"?

A: Yes, the form is included, for your use, as an example and must be included in your packet to the consumer (Exhibit L of the Licensure Survey Questions). When you use the Consumer Notice to Direct Care Worker Status form you will not initial each statement when using the form. The consumer will only initial the statement that is relevant for your agency and workers. Example: If the direct care workers are employees of your agency, they will initial the first statement.

Q: How do I become a Medicaid provider?

A: After obtaining a home care agency license, you may apply for a waiver through the Office of Long-Term Living (OLTL). Additional information can be obtained by contacting the enrollment and certification unit at 1-800-932-0939, option 1 or by emailing the resource account at RA-HCBSEnProv@pa.gov. Enrollment in state Medicaid does not guarantee enrollment in individual MCO networks. New providers should contact each MCO directly to explore their provider network needs as some MCO provider networks may be closed due to network adequacy.

Q: How do I open a branch office, or second location?

A: Branch offices do not exist in home care. Regulation requires "each physical location must be separately licensed". You would have to complete an initial application for each physical location you have.

Q: The renewal application asks "Requested Capacity" what should I put there?

A: Zero (0).

Q: How do I change my agency's address?

A: Any time there is a change regarding your agency, you must notify the Division with a letter. To change the agency's address, the letter should contain the following:

- Facility license #
- Effective date of change
- New address
- New mailing address
- New phone/fax numbers

The change letters may be emailed to the resource account
– ra-dhhliceonlychange@pa.gov

Q: How do I add counties to my service area?

A: You must send a letter requesting the counties. If the counties you're requesting are not adjoining the county that your agency is physically located in, you must also provide your plan to ensure staffing, staff supervision and training in those distant counties.

Q: How do we update the administrator for the agency?

A: To update the administrator, you must send the following:

- Letter regarding the change
- Completed/Signed Password Agreement form
- A copy of the new administrator's resume
- A copy of the new administrator's criminal background check results (either through the PA State Police – purpose must be "Employment", or through the FBI Fingerprinting). Results cannot be from more than 1 year prior.

Q: How do I add/remove my business partner from the license?

A: Any time 5% or more of the ownership is expected to change, Step 1 of the change of ownership application must be submitted. The change **cannot occur** until approval has been granted by this Division. Please visit the change of ownership page at [Change of Ownership in an Already Licensed Facility \(CHOW\) | Department of Health | Commonwealth of Pennsylvania](#)