
Skilled Nursing Facility/Nursing Facility (SNF/NF) Initial Application Process

Definition of a SNF:

A SNF meets the health needs of two or more elderly, or disabled, individuals who, at a minimum, require inpatient care and services, for twenty-four or more consecutive hours.

Inpatient care is necessary for unstable or chronic health problems.



Becoming a SNF/NF provider:

To establish Centers for Medicare/Medicaid Services (CMS) Medicare Certification of a SNF/NF provider, an applicant must request, complete, and submit an application packet. Application materials are located below, or requested through the Bureau of Facility Standards at (208) 334-6626 Option 3.

All building construction plans must be submitted for review and approval by the Fire Safety and Construction Program Supervisor. For additional information regarding these requirements, please refer to the [Fire Safety and Construction Website](#).

The SNF/NF application packet:

The application packet includes the items that must be submitted and approved by the Department prior to an initial survey (#'s 1 – 6 below) as well as resources for additional information related to a SNF (#s 7-13 below):

1. [Application](#) for Skilled Nursing Facility License.
2. *Health Insurance Benefit Agreement – CMS form 1561* ([CMS-Form 1561](#)) – Two (2) originals required
3. Fiscal Year Ending [form](#) (see form at the bottom of this document)
4. "Office of Civil Rights Clearance for Medicare Certification" (OCR) Information is available at [Assurance of Compliance with Non-Discrimination Laws and Regulations](#) *If the provider*

chooses to submit the civil rights package on line, the submission will go directly into the OCR intake queue, and the provider will receive an e-mail from OCR stating that the provider completed the civil rights submission. The e-mail will contain an OCR number, which is critical to OCR's ability to access the provider's submission from the OCR intake queue. The provider will submit a copy of this e-mail to the SA, and the SA will submit it to the CMS Regional Office in lieu of the completed civil rights package.

5. CMS requires all new applicants for skilled nursing facilities to complete the form [CMS-Form 855a](#), Medicare Application for Health Care Providers that will Bill Fiscal Intermediaries, and forward it to the fiscal intermediary (FI)/carrier for approval. The form CMS-855A can be downloaded from the Internet or requested directly from your FI:

[Medicare Provider-Enrollment-and-Certification Enrollment](#)

Read the instructions on the web site and obtain the form by clicking on the version you will need for your computer. Be sure to choose: **Health Care Providers that will Bill Medicare Fiscal Intermediaries (CMS 855A)**.

The FI for Idaho is:

- Noridian Administrative Services
P.O. Box 6726
Fargo, ND 58108-6726
Phone: (888)608-8816
www.noridianmedicare.com

6. A full copy of the facility's policies and procedures. See *information below regarding timelines for submission.*
7. [S&C-08-03 Initial Surveys](#) This CMS Letter is included to alert you that there will be significant delays in our ability to conduct an initial certification survey.
8. IDAPA 16.03.02 Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities: [IDAPA 16.03.02, Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities](#), Idaho Administrative Rules for Skilled Nursing and Intermediate Care Facilities.

9. [Chapter 7, CMS State Operations Manual \(SOM\)Manual \(SOM\)](#), Survey and Enforcement Process for SNF and NF
10. [Appendix PP](#), Guidance to Surveyors for Long Term Care Facilities – the Federal Regulations and Interpretive Guidance
11. [Appendix Q](#), Federal Guidelines for Determining Immediate Jeopardy
12. Fire Safety Survey Report - [CMS form 2786R](#) (New or Existing)

Policies and procedures: You will need to develop your policies and procedures and send them to this office to be reviewed at least ninety (90) days prior to your scheduled opening. The policies and procedures may be submitted electronically on a CD or DVD. The following are guidelines for developing your policies and procedures:

- They should address, but not be limited to, all federal regulations and state rules as they apply to the provision of care for residents in the SNF.
- Use consistent style and format throughout the documents.
- If using policies established by other facilities, ensure they reflect only the name of the facility requesting the license.
- Organized with a table of contents and/or index, indicating page numbers and sections. Use tab dividers whenever possible (if the documents are not submitted electronically).
- Policies listed in table of contents should indicate the general areas to federal regulations and state rules to which they apply.

Completing the application materials for the Certification and State licensure process:

If you intend to seek certification and/or licensure, complete the identified application forms and your policies and procedures (items #1-6 above).

Please note, before an agreement is executed with a provider to participate in the Medicare program, there must be a determination of compliance with civil rights requirements (see item #4 above). The form must be completed and signed (includes the signed questionnaire, signed HHS-690 form, and policies and procedures.) ***The Department will not forward your application to CMS until the civil rights documents and forms have been completed and returned to this office.***

The "Medicare Application for Health Care Providers That Will Bill Medicare Fiscal Intermediaries" (CMS 855A) (see item #5 above), **must be approved by your FI prior** to the Department conducting an initial survey. **The original CMS-855A is to be mailed to your fiscal intermediary.** All other forms, including a copy of the CMS-855A, need to be mailed to the Department.

Submitting the materials for the Certification and State licensure application process:

The application materials may be submitted by mail and/or hand delivered.

PLEASE KEEP A COPY FOR YOUR RECORDS

1. If mailing the application packet, send to:

Department of Health and Welfare
Bureau of Facility Standards
P.O. BOX 83720
BOISE, ID 83720-0036

2. If hand delivering, bring to:

Department of Health and Welfare
Bureau of Facility Standards
3232 Elder Street
Boise ID 83705

Time frames for reviewing and processing the Certification and State licensure application materials:

We will review the materials you submitted. If the application is incomplete, or if there are questions, Bureau staff will contact the provider. The length of time it takes to process the SNF application

and schedule an initial survey is dependent upon multiple factors including whether or not the application is complete, whether or not additional information needs to be submitted, when the actual building was approved for occupancy, current work load and availability of resources necessary to complete the application review and initial survey. Therefore, it is not possible for the Bureau of Facility Standards to establish specific timeframes.

It is vital that our office be informed of your proposed opening date schedule and of any changes in the scheduled date.

Getting paid for the provision of services:

To become a Medicaid provider, you must complete an enrollment application online to Molina Medicaid Solutions. To submit an Idaho Medicaid provider application, go to idmedicaid.com (Molina Medicaid Solutions Web site). Click on the Provider Enrollment link on the left side of the page. A step-by-step guide is located under the User Guide link on the left side of the screen. We recommend you open this guide in a separate browser window before you begin your application. To begin your application, open a new browser window at idmedicaid.com, click on the Provider Enrollment link on the left side of the page and then click on the New Provider Enrollment Application link in the center of the page. The new enrollment online application is simple to navigate and online help text appears for each field when you hold your cursor over the field. Additional provider enrollment help is available at (866) 686-4272 choose option "0".

This is a completely separate process from certification as a Medicaid provider and state licensure.

Medicare/Medicaid reimbursement is not retroactive and usually becomes effective only after the survey is completed and you are in compliance with all regulations or have submitted an acceptable plan of correction.

Additional information:

For additional information please access the website and reference information below or contact the Bureau of Facility Standards at (208) 334-6626 or email questions to fsb@dhw.idaho.gov.

Bureau of Facility Standards Informational Letters
SNFs [LTC State Informational Letters](#)

Department of Health and Welfare Rules

Access Department of Health and Welfare Rules by going to [Idaho State Administrative Rules](#)

Choose the top tab that says "Administrative Rules". There are two links on that site that are important now and in the future. They are the "Idaho Administrative Code" link and the "Idaho Administrative Bulletin" link

- The Bulletin is where proposed and temporary rules are published.
- By choosing the link to the "Idaho Administrative Code", there are links to state agency rules.
- Select "Health and Welfare" and there are links to different sets of rules. Take some time and familiarize yourself with the list. Oftentimes one set of rules will be cross-referenced in another set. You will need to comply with any cross-referenced rules as applicable, such as the [Rules of the Idaho Board of Nursing at IDAPA 23.01](#).

Centers for Medicare & Medicaid Services

[CMS.GOV](#).

FISCAL YEAR ENDING

FACILITY NAME: _____

FISCAL YEAR END DATE: _____
(MM/DD)

OWNER/ADMINISTRATOR

DATE