



**Licensed Home Health Service Agency  
Credentialing Application**

**1) IDENTIFYING INFORMATION**

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Tax Status (check one)       For-Profit     Non-Profit

Date of Incorporation: \_\_\_\_\_

Tax ID # \_\_\_\_\_

State Department of Health License No. \_\_\_\_\_

Date Issued: \_\_\_\_\_

Contracts with other CHHAs       Yes     No

If Yes List Names Below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2) OWNERSHIP INFORMATION**

List the names and provide all other requested information for all individuals partnerships and corporations with a financial interest in the company in the grid below

Name	% Ownership	Position in Company	Home Address

**3) COMPANY STRUCTURE**

Is the company a parent or subsidiary of, of under common ownership with, another company? If so, give name and principals of other company in the grid below

Name	% Ownership	Position in Company	Home Address

**4) BOARD OF DIRECTORS**

List the names and provide all requested information for each member in the grid below

Name	Position on Board	Occupation	Place of Employment

**5) KEY MANAGERIAL STAFF**

List the names and provide all requested information for the key managerial staff in the grid below:

Name	Title	Professional Qualifications	Years with Company	Prior Home Care Experience

**6) FINANCIAL INFORMATION**

**Attach a copy of your most recent audited financial statement.**

Do you currently have any outstanding liabilities with respect to back taxes

(payroll, income, etc.)? check one  Yes  No

If yes, describe the situation and how it is being resolved

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Have you ever had a problem with respect to the payment of taxes?

If yes, describe the situation and how it was resolved.  Yes  No

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**7) INSURANCE INFORMATION**

**Attach a current copy of certificates of insurance (general liability, worker's compensation, etc.)**

Are you currently the defendant in any lawsuits that might have a material impact on your financial viability and/or your ability to provide services relating to your provider contract?

If yes, describe the nature of the lawsuit(s)

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**8) PARAPROFESSIONAL TRAINING**

Do you have a licenses training program?             Yes     No

Who provides the training?

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Hours of training provided:

Didactic \_\_\_\_\_ Supervised Clinical Evaluations \_\_\_\_\_

How frequently is your training program offered? \_\_\_\_\_

Does your agency offer a training program in special areas?  Yes  No

If yes, which area:

\_\_\_\_\_ Live-Ins                      \_\_\_\_\_ Difficult to Serve Client

\_\_\_\_\_ Language \_\_\_\_\_ Other

How many hours of inservice education does your agency require annually for:

\_\_\_\_\_ HHAs \_\_\_\_\_ PCWs

What level of personnel, in your agency, performs paraprofessional evaluation?

\_\_\_\_\_  
\_\_\_\_\_

How are the results of the professional evaluation shared with the paraprofessional? \_\_\_\_\_

## **9) POLICIES AND PROCEDURES**

### **Screening and Hiring of Paraprofessionals**

What level(s) of personal in your agency screens applications?

\_\_\_\_\_  
\_\_\_\_\_

Does your agency offer an "Open House" for recruitment of paraprofessionals?

Yes  No

Does your agency provide applicants with a designated:

Interview Date  Yes  No

Interview Time  Yes  No

How many interviews does an applicant receive prior to hiring?

\_\_\_\_\_  
\_\_\_\_\_

Does your agency administer a verbal exam to each applicant?

Yes  No If yes, the required passing grade is \_\_\_\_\_

Does your agency administer a written exam to each applicant?

Yes  No If yes, the required passing grade is \_\_\_\_\_

How many references does your agency obtain for each applicant? \_\_\_\_\_

Does your agency request references for all prior positions on each applicant?

[ ] Yes [ ] No If no, how far back do you check? \_\_\_\_\_

What are your agency's criteria for the hiring of applicants (e.g., experience, education, etc.)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Lateness and Absence of Paraprofessionals**

What is the length of time paraprofessionals are on probationary status?

\_\_\_\_\_ Certified

\_\_\_\_\_ Trainee

How many incidence of lateness and/or absence does your agency permit for paraprofessionals?

On probation \_\_\_\_\_

Not on probation \_\_\_\_\_

What level(s) of personnel, in your agency, monitors the paraprofessionals lateness and/or absence? \_\_\_\_\_

\_\_\_\_\_

How far in advance does your agency require paraprofessionals to call the office if they will be late and/or absent? \_\_\_\_\_

What is your agency's process for handling lateness and absence of paraprofessionals? \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**10) INCIDENTS**

What is your agency's internal process when a report of an incident or alleged theft is received?

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What actions does your agency take to prevent incidents of theft?

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Are employees bonded?  Yes  No

If yes, what are the terms of the coverage? \_\_\_\_\_

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If no, what is your policy regarding reimbursement to patients?

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**11) SERVICE DELIVERY**

What are the indicators your agency utilizes to measure the quality of service delivered? \

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What level(s) of personnel, in your agency, monitors the quality of service delivered? \_\_\_\_\_

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What level(s) of personnel, in your agency, is responsible for the management of a CHHA's contract? \_\_\_\_\_

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What steps does your agency employ to assure all cases are covered each day? \_\_\_\_\_

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What steps does your agency employ to assure all cases are provided timely service? \_\_\_\_\_

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What procedures does your agency utilize to assure:

- (a) Cases are accepted and serviced appropriately
- (b) Cases are serviced on appropriate days/time

What steps does your agency employ to assure communication is disseminated to all levels of staff? \_\_\_\_\_

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What do you think are the key components to assuring patient satisfaction?

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What do you think are the key components to assuring payor satisfaction?

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Does your agency offer any special or uncommon services?

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**12) CASE ACCEPTANCE**

Which boroughs does your agency service?

\_\_\_\_\_ Manhattan      \_\_\_\_\_ Bronx      \_\_\_\_\_ Other  
\_\_\_\_\_ Queens      \_\_\_\_\_ Brooklyn      \_\_\_\_\_  
\_\_\_\_\_ Westchester      \_\_\_\_\_ Nassau

How many cases are your currently servicing in each of the following ranges of hours/week?

0 -19 Hours      \_\_\_\_\_  
20 - 40 Hours      \_\_\_\_\_  
41-168 Hours      \_\_\_\_\_  
Total      \_\_\_\_\_

How many of your current cases are:

live-ins      \_\_\_\_\_  
special language needs      \_\_\_\_\_  
AIDS (HIV) cases with 20 hours \_\_\_\_\_  
of service/week or less

**13) STAFFING**

What is your agency's coordinator to case ratio?

\_\_\_\_\_

What is your agency's coordinator to supervisor ratio?

\_\_\_\_\_

How many paraprofessionals does your agency utilize per 100 cases?

\_\_\_\_\_

How many "on-call" paraprofessionals does your agency utilize per 100 cases?

\_\_\_\_\_

What strategies does your agency utilize to retain paraprofessionals?

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**XII. ADDITIONAL INFORMATION**

**Specialties: Languages, Disease/Event Management etc.**

Please provide any additional information that you believe will help us in evaluating your application:

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**15.) MULTIPLE SITES? IF SO LIST BELOW**

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**16.) ELECTRONIC DATA TRANSFER**

**Prior to a “go live date” we will integrate your system with ours, please indicate your system for visit verification**

\_\_\_\_\_ **SANDATA SANTRAX**

\_\_\_\_\_ **HHA XCHANGE**

\_\_\_\_\_ **OTHER** \_\_\_\_\_

\_\_\_\_\_ **NONE**