



State of Alaska  
Department of Health & Social Services  
**Nursing Facility**  
Initial Licensure Application Process



**Definitions:**

**ALASKA**

**Nursing Facility**

"nursing facility" means a facility that is primarily engaged in providing skilled nursing care or rehabilitative services and related services for those who, because of their mental or physical condition, require care and services above the level of room and board; "nursing facility" does not include a facility that is primarily for the care and treatment of mental diseases; ([AS 47.32.900\(17\)](#))

**FEDERAL**

**Skilled Nursing Facility (SNF)**

"skilled nursing facility" means a Medicare-certified nursing facility that has a Medicare provider agreement. ([42 CFR 488.301](#))

**Nursing Facility (NF)**

"nursing facility" means a Medicaid nursing facility. ([42 CFR 488.301](#))

**Facility**

"facility" means a skilled nursing facility (SNF) or nursing facility (NF), or a distinct part of a skilled nursing facility or nursing facility, in accordance with [42 CFR 483.5](#). ([42 CFR 488.301](#)) (See SOM Section [§7008](#) for entities that qualify as skilled nursing facilities and nursing facilities.)

**Dually Participating Facility (SNF/NF)**

"dually participating facility" means a facility that has a provider agreement in both the Medicare and Medicaid programs.

**Becoming a SNF/NF provider:**

Before a facility can become a Certified Medicare/Medicaid SNF/NF provider, the facility must first become licensed by the State, unless exempt under [7 AAC 12.611\(b\)](#).

To obtain a licensure application packet contact the Health Facilities Licensing & Certification (HFL&C) office at:

4501 Business Park Blvd., Ste. 24, Bldg. L  
Anchorage, Alaska 99503  
Phone: (907) 334-2483  
Fax: (907) 561-3011  
E-mail: [jeanne.anglin@alaska.gov](mailto:jeanne.anglin@alaska.gov)

Completed applications will be submitted to the same address, or scanned and e-mailed to the e-mail address above.

**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 HFL&C.

All building construction plans must be submitted for review and approval by the Department of Public Safety (DPS), Fire Marshal's office. Submit plans through the HFL&C office, who will arrange for the review by DPS.



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**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 Nursing Facility License.
2. *Health Insurance Benefit Agreement* ([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) [Request Form](#) and [Technical Assistance Packet](#).  
(Additional information is available at this [link](#))
5. CMS requires all new applicants for skilled nursing facilities to complete the form [CMS-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:  
<https://www.cms.gov/MedicareProviderSupEnroll/>  
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 Alaska is

Noridian Administrative Services  
P.O. Box 6720  
Fargo, ND 58108-6720  
IVR 1-866-497-7857  
CSR 1-877-908-8437  
8:00 am TO 4:00 pm Pacific Time  
<http://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. Alaska Administrative Code, regulations for Nursing Facilities licensure.
  - a. Criminal Background Check [7 AAC 10.900 - 990](#)
  - b. General Variance Procedures [7 AAC 10.9500 - 9535](#)
  - c. Inspections and Investigations [7 AAC 10.9600 - 9620](#)
  - d. Nursing Facilities [7 AAC 12.250 - 290](#)
  - e. General Provisions [7 AAC 12.600 - 990](#)
9. [Chapter 7](#), Survey and Enforcement Process for SNF and NF.
10. [Appendix P](#), Survey Protocol for Long Term Care Facilities.
11. [Appendix PP](#), Guidance to Surveyors for Long Term Care Facilities - the Federal Regulations and Interpretive Guidance.
12. [Appendix Q](#), Federal Guidelines for Determining Immediate Jeopardy.
13. Fire Safety Survey Report - [CMS form 2786R](#) (New or Existing)



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**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:

- a. They should address, but not be limited to, all federal and state regulations as they apply to the provision of care for residents in the nursing facility.
- b. Use consistent style and format throughout the documents.
- c. If using policies established by other facilities, ensure they reflect only the name of the facility requesting licensure.
- d. 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).
- e. Policies listed in table of contents should indicate the general areas to federal or state regulations 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 for Medicare participation. **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 this office.

### **Submitting the materials for the Certification and State Licensure application process:**

The application materials may be submitted by mail, e-mailed or hand delivered.

#### ***PLEASE KEEP A COPY FOR YOUR RECORDS***

Health Facilities Licensing & Certification (HFL&C):  
4501 Business Park Blvd., Ste. 24, Bldg. L  
Anchorage, Alaska 99503

### **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, HFL&C staff will contact the provider. The length of time it takes to process the Nursing Home 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 Department 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.

Keep in mind, an initial licensure survey must be conducted at least 30 days prior to an initial Medicare Certification survey. The **facility** must be operating and providing care to residents before a Certification survey can be scheduled.



# State of Alaska

Department of Health & Social Services  
Licensure Application



**I. Licensure Fee Payment Submission Form**

Remit this form along with payment – see 7 AAC 12.615 for specific fees due

<b>Facility Type:</b>		<b>Date:</b>
<b>Branch Location (if applicable)</b>		
<b>Facility Name:</b>		
<b>Facility Location:</b>		
<b>Facility Contact:</b>		
<b>Contact Number:</b>		
<b>License Number:</b>		
<b>Licensure Fee:</b>		
<b>Provisional Licensure Fee:</b>		
<b>Bed Fee (if applicable):</b>		
Note No. of beds: (    )		
<b>Revisit Fee:</b>		
<b>Modification Fee:</b>		
<b>Total:</b>		

**Make checks payable to: State of Alaska - HFLC**

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**Unit: 4011 Fund: 1004 Dept: 06 Appropriation: 062330704 Revenue: 5101**  
**Activity (select one):**  4HF0 License Fee  4HF1 Revisit Fee  4HF2 Modification Fee

**For State of Alaska accounting use only**

Check #		Deposit number:	
Date received:		Deposit date:	
Received by:		IRIS document code:	
Info to TPL for processing:			
Return check date:			
Reason for return:			



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**FISCAL YEAR ENDING**

**FACILITY NAME:**

**FACILITY FISCAL YEAR END DATE:**



Administrator or Designee Name

Date

Signature of Administrator or Designee

**Please submit this to:**

Health Facilities Licensing & Certification  
 4501 Business Park Blvd., Suite 24, Bldg. L  
 Anchorage, AK 99503

Phone: (907) 334-2483  
 Fax: (907) 334-2682  
 Email: dhcs.hflc@alaska.gov

***[Note: To submit by E-mail, print the document, sign above, and scan to a PDF file. Attach the signed PDF document to an E-mail and send to the above E-mail address.]***