
ALLIED HEALTH: HEALTH CARE STAFF AGENCY APPLICATION

INSTRUCTIONS FOR COMPLETION

Incomplete applications will be returned. Prior to submitting the application, ensure it includes all required information, related required documentation, and the fee.

APPLICATION FOR LICENSE

Prior to providing services, all Health Care Staff Agencies must be licensed by the OHCQ.

A person holding a nursing staff agency license who wishes to expand their referrals to other health care practitioners in addition to nursing personnel shall first obtain a new health care staff agency license.

To obtain a license, a complete application packet must be submitted with the required licensure fee. Policies and procedures must be submitted with the application in accordance with COMAR 10.07.03.05. After review of the application, a license will be issued.

Under Article §10.39, (.12) any agency found providing services without a license may be subject to a fine.

RENEWAL

To renew, a complete application must be completed and submitted to the OHCQ with the required fee. The renewal process must be completed prior to the expiration date printed on the current license.

Effective September 15, 2014, a person holding a nursing staff agency license who is in good standing and refers only nursing personnel shall be deemed to meet the requirements for issuance of a health care staff agency license.

CHANGE OF INFORMATION, 10.07.03.06

An agency shall notify the OHCQ of any change in ownership, address, or name of the agency within 30 calendar days of said change. Any change in agency ownership, name, or address requires payment of a \$150 fee and issuance of a new license. If the change is the person who controls or operates the agency, the agency shall be considered a "New Agency" and the new owner shall comply with all regulations of this chapter when applying for a new license.

Failure to report changes to the OHCQ may result in a \$100 fine.

FEE

The non-refundable application fee is \$100.

The application fee must be submitted with the application. Make the business check, cashier's check, money order, or personal check payable to: "DHMH." Starter checks will not be accepted.

REQUIRED APPLICATION SECTIONS

General Information

Fees

Ownership

Background

Workers' Compensation

Nursing Staff Agencies

Affidavit

Addendum – Verification Form

REQUIRED DOCUMENTATION - INITIAL APPLICATION

1. If your program does not have workers' compensation insurance **AND** does not have any employees, submit a Letter of Exemption (sole proprietorships or partnerships) or Certificate of Compliance (corporations or LLCs) from the Certificate of Compliance Coordinator at the Workers' Compensation Commission, 410-864-5100 or via e-mail at COC@wcc.state.md.us.
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CODE OF MARYLAND REGULATIONS (COMAR) 10.07.03

To obtain a copy of the regulations:

- A. Visit the Division of State Documents website at www.dsd.state.md.us;
- B. Call the Division of State Documents at 410-974-2486 x3876 or 800-633-9657 x3876; or
- C. Visit your library (click this link to find the closest location: www.dsd.state.md.us/Depositories.aspx).

HEALTH CARE STAFF AGENCY HOTLINE

In accordance with State regulations, the State of Maryland has established a Health Care Staff Agency Hotline. The purpose of the Hotline is:

- To receive complaints about local Health Care Staff Agencies; and
- To receive questions about local Health Care Staff Agencies.

The Hotline number is 800-492-6005. All voicemail messages will be returned during the next business day.

Written complaints may be submitted to the address at the end of the instructions or via our website at www.dhmf.maryland.gov/ohcq/SitePages/FAQs-Complaints.aspx.

SUGGESTED FORMAT FOR WRITING POLICY AND PROCEDURE STATEMENTS

1. Title or subject of the policy. (Example: Drug Testing)
2. Policy statement. Describe the agency's policy on the subject. (Example: All employees shall receive a drug test prior to placement.)
3. Purpose of the policy. Describe why the subject is important.
4. Procedures. Define who, when, and where. (Example: Before assignment to a facility, all employees will be required to have a drug test at ABC Drug Testing Facility.)

ADD COMAR 10.07.03.08 elements

QUESTIONS

Please contact 410-402-8198 or visit the OHCQ website at <http://dhmf.maryland.gov/ohcq> for questions related to the application.

SEND COMPLETED APPLICATION TO:

Stacey Diehl, Program Manager
Behavioral and Allied Health Unit
Office of Health Care Quality
Bland Bryant Building
Spring Grove Hospital Center
55 Wade Avenue
Catonsville, MD 21228
