INTRODUCTION TO CERTIFICATION

Peter Bacon
Community Residence Coordinator
Health Facilities Administration
(603) 271-9044
Peter.E.Bacon@dhhs.nh.gov

Jay Kurinskas
Licensing and Evaluation Coordinator
Health Facilities Administration
(603) 440-3009
Jay.F.Kurinskas@dhhs.nh.gov

Why do we need certification?

- State law (RSA 126-A:20) indicates, in part, that the Commissioner shall adopt rules "to govern the establishment and operation of community living facilities. The certification of community living facilities shall be based on these rules". It also indicates that "certifications shall be subject to periodic review and renewal by the Commissioner". (Residential Services)

Why do we need certification?

- State law (RSA 171-A:18) indicates, in part, that the Commissioner shall designate one Area Agency per region, and that this area agency shall be responsible for providing programs and services, including "day services". The law goes on to indicate that the Commissioner shall "adopt rules establishing standards for the provision of services". (Day/CPS Services)

Why do we need certification?

- The State of NH (BDS) receives Medicaid reimbursement through the Medicaid waiver program (HCBC)(CCW)
- BDS contracts with Area Agencies, who are enrolled Medicaid providers
- Medicaid is a publicly funded program which requires State oversight to "protect the health, safety, and welfare of individuals served".

Rules That We Enforce

- **He-M 310**: Rights of Persons Receiving Developmental Services or Acquired Brain Disorder Services in the Community
- **He-M 503**: Eligibility and the Process of Providing Services
- **He-M 506:** Staff Qualifications and Staff Development Requirements for Developmental Service Agencies
- **He-M 507**: Community Participation Services
- **He-M 1001**: Certification Standards for Community Residences
- **He-M 1201**: Healthcare Coordination and Administration of Medications
- **He-P 814**: Community Residences at the Residential Care and Supported Residential Care Level **(only applicable to homes with 4 or more individuals)**

Types of Certifications

- We certify:
  - 1-3 person homes (with or w/o CPS)
  - 4 or more person homes (with or w/o CPS)
  - Stand alone CPS programs
- The 6 categories of reviews are:
  - Emergency
  - Temporary / Initial
  - Annual / Renewal
  - Biennial (CPS only)
  - Abbreviated
  - Skip

Emergency Certifications

- For **true** emergencies only!
- Certificates can be backdated up to 7 days
- No Life Safety Report (LSR) required
- If LSR has been done, you are no longer eligible for an emergency certification, regardless if it passed or failed
- Issued for 45 days
- Option for a one time emergency certification extension
- Can be issued in an already certified home

Emergency Certification Application

- Application Information Includes:
  - Address
  - Home provider or home manager name
  - Vendor agency and contact person
  - Area agency and contact person
  - Current beds + CPS slots / Requested beds and CPS slots
  - Bottom box requests individual's name and the reason for the emergency
  - Application **must** be signed by the area agency and then sent to our office with a floor plan
  - **Confirm who is actually submitting this application to our office!**

Temporary Certifications

- Complete Application, open same day
- Approved Life Safety Report (LSR) within the past 90 days
- Directions to home or CPS site
- Waiver Application(s)/Approval(s), if applicable
- Temporary Certificate issued for 90 days
- Site review around the 90 day mark

Certification Application

Page 1

Department of Health and Human Services
Office of Legal and Regulatory Services
Health Facilities Administration
129 Pleasant St. Concord. N.H. 03301
Phone (603)271-9044 Fax (603)271-4968 TDD Access 1-800-735-2964
https://www.dhhs.nh.gov/oos/bhfa/community-residences.htm

REQUEST FOR CERTIFICATION OF COMMUNITY RESIDENCE AND/OR COMMUNITY PARTICIPATION SERVICES PROVIDER

Certification Type:	**Physical Address of Certified Residence**		**Certification #**	
☐ **New**	**Mailing Address of Certified Residence**		**Requested Start Date if New**	
☐ **Renewal**	**Current Number of Slots**	**0** Residential **0** CPS	**Expiration Date if Currently Certified**	
☐ **Addition/Removal**	**Number of Slots Requested**	**0** Residential **0** CPS		
☐ **Other**	**Type of Residence:**	☐ Staffed Residence ☐ Family Residence		

☐ **Residential** ☐ **CPS** ☐ **Both Residential and CPS**

Please Document Contact Information Below	
Site Visit Contact Person Name	
Site Visit Contact Person Email	
Site Visit Contact Person Phone Number	

Please Document Contact Information Below	
Provider Name	
Provider Phone Number	

☐ Yes ☐ No	**Is this home currently licensed?**
	If Yes above, please enter the type of license, and the license number in the space provided to the left.
☐ Yes ☐ No	**Is this home currently under emergency certification**?
	If Yes above, please enter the emergency certification number in the space provided to the left.
Community Participation Services (CPS)	
☐ Yes ☐ No	**Is any individual at the CPS program for more than one (1) hour per day?**
	If Yes above, please enter the date of the Life Safety Code Report in the space provided to the left, and attach the original to this form.
☐ Yes ☐ No	**Is the CPS program located in a currently certified community residence?**
	If Yes above, please enter the certification number of the certified residence where the program is located in the space provided to the left.

Certification Application

Page 2

Please attach a separate list if there are more than four (4) people. Please answer "Yes" or "No" in the last two (2) columns

Individual Name	Date of Birth	Served By DS/ABD/BH	Number of hours of supervision as required by the ISA per day or week.	CPS Provider	Behavior Plan? *"Yes" or" No"*	Self-Administer Medications? *"Yes" or "No"*

Vendor Agency	
Vendor Agency	
Vendor Agency Mailing Address	
Vendor Agency Phone Number	
Vendor Agency Contact Name	
Vendor Agency Contact Email	

Area Agency	
Area Agency	
Area Agency Mailing Address	
Area Agency Phone Number	
Area Agency Contact Name	
Area Agency Contact Email	

List all non-family members currently receiving services in the home or CPS program not listed under individual information. Specify Date of Birth and funding source, if any:

Individual Name	Date of Birth	Funding Source

☐ Yes	☐ No	Was a Current Life Safety Code Report Attached? If this is a new Residential Program, a new facility based CPS program, or an addition of a certified bed, the LSC report cannot precede the date of this application by more than 90 days.
☐ Yes	☐ No	Are any waivers required? If yes, please attach the most recent approved waiver, or a copy of the request.
☐ Yes	☐ No	Has any provider or adult household member, excluding the Individual(s), been convicted of a felony or misdemeanor, or had a substantiated report of abuse, neglect, or exploitation? If Yes, please attach a current waiver. RSA 161-F:49, He-M 507.10(f)-(i), He-M 1001.15(a)(1)-(3) and He-M 1002.14(a)(1)-(3).

I swear or affirm that the information provided on this application is accurate to the best of my knowledge and belief. I believe that this residence/community participation service program is in full compliance with the statutes and regulations governing these services. I understand that providing false information shall be grounds for denial, suspension or revocation of the certification.

Please enter the name, title and authorized signature of the Residential or CPS Director above *Please enter the date the application was signed above*

Revised 6/24/2019

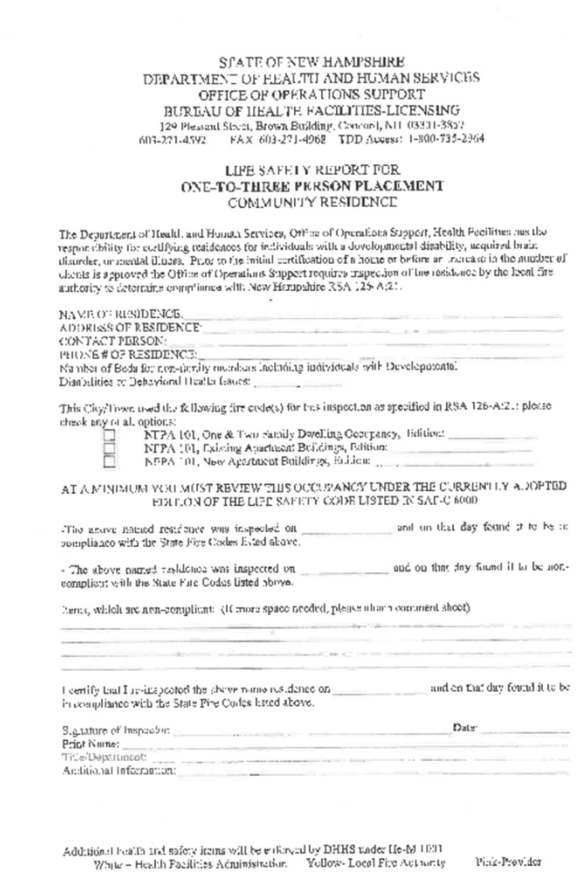
Certification Application

- Besides opening a home, this application is also used for the following:
  - Renewal request
  - Add/remove a bed or CPS slot
  - Add/remove an individual from the home or CPS site
  - Changing the level of supervision
  - Changing any contact information (home provider, contact person, phone number, etc.)

Life Safety Report

- Reasons to obtain a new Life Safety Report (LSR):
  - Opening a new home or CPS site
  - Adding a bed or CPS slot, if applicable
  - Changing an individual's bedroom to another room in the home
  - Any change in an egress (door/window)
  - Any time that work is completed at the home or CPS site that required a building permit

Life Safety Reports



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF OPERATIONS SUPPORT
BUREAU OF HEALTH FACILITIES-LICENSING
129 Pleasant Street, Brown Building, Concord, NH 03301-3857
603-271-4592 FAX 603-271-4968 TDD Access: 1-800-735-2964

LIFE SAFETY REPORT FOR
ONE-TO-THREE PERSON PLACEMENT
COMMUNITY RESIDENCE

The Department of Health and Human Services, Office of Operations Support, Health Facilities has the responsibility for certifying residences for individuals with a developmental disability, acquired brain disorder, or mental illness. Prior to the initial certification of a home or before an increase in the number of clients is approved the Office of Operations Support requires inspection of the residence by the local fire authority to determine compliance with New Hampshire RSA 126-A:21.

NAME OF RESIDENCE:
ADDRESS OF RESIDENCE:
CONTACT PERSON:
PHONE # OF RESIDENCE:
Number of Beds for non-family members including individuals with Developmental Disabilities or Behavioral Health Issues:

This City/Town used the following fire code(s) for this inspection as specified in RSA 126-A:21; please check any or all options:

- ☐ NFPA 101, One & Two Family Dwelling Occupancy, Edition:
- ☐ NFPA 101, Existing Apartment Buildings, Edition:
- ☐ NFPA 101, New Apartment Buildings, Edition:

AT A MINIMUM YOU MUST REVIEW THIS OCCUPANCY UNDER THE CURRENTLY ADOPTED EDITION OF THE LIFE SAFETY CODE LISTED IN SAF-C 6000

The above named residence was inspected on _____ and on that day found it to be in compliance with the State Fire Codes listed above.

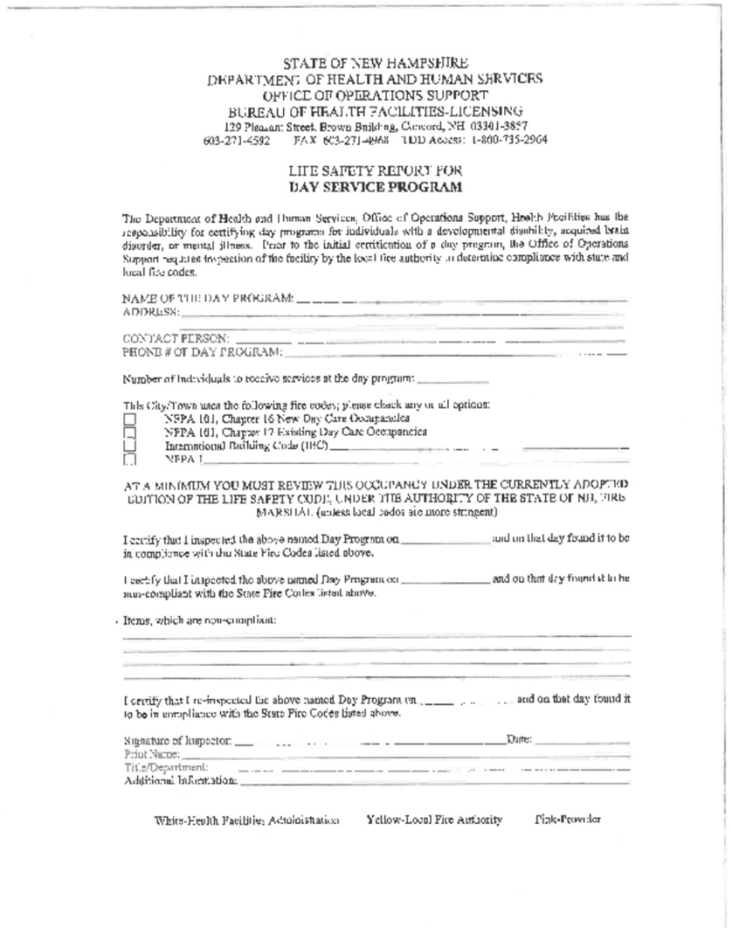
The above named residence was inspected on _____ and on that day found it to be non-compliant with the State Fire Codes listed above.

Items, which are non-compliant: (If more space needed, please attach comment sheet)

I certify that I re-inspected the above named residence on _____ and on that day found it to be in compliance with the State Fire Codes listed above.

Signature of Inspector: _____ Date: _____
Print Name: _____
Title/Department: _____
Additional Information: _____

Additional health and safety items will be enforced by DHHS under He-M 1001
White – Health Facilities Administration Yellow- Local Fire Authority Pink- Provider



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF OPERATIONS SUPPORT
BUREAU OF HEALTH FACILITIES-LICENSING
129 Pleasant Street, Brown Building, Concord, NH 03301-3857
603-271-4592 FAX 603-271-4968 TDD Access: 1-800-735-2964

LIFE SAFETY REPORT FOR
DAY SERVICE PROGRAM

The Department of Health and Human Services, Office of Operations Support, Health Facilities has the responsibility for certifying day programs for individuals with a developmental disability, acquired brain disorder, or mental illness. Prior to the initial certification of a day program, the Office of Operations Support requires inspection of the facility by the local fire authority to determine compliance with state and local fire codes.

NAME OF THE DAY PROGRAM:
ADDRESS:
CONTACT PERSON:
PHONE # OF DAY PROGRAM:

Number of individuals to receive services at the day program:

This City/Town uses the following fire codes; please check any or all options:

- ☐ NFPA 101, Chapter 16 New Day Care Occupancies
- ☐ NFPA 101, Chapter 17 Existing Day Care Occupancies
- ☐ International Building Code (IBC)
- ☐ NFPA 1

AT A MINIMUM YOU MUST REVIEW THIS OCCUPANCY UNDER THE CURRENTLY ADOPTED EDITION OF THE LIFE SAFETY CODE, UNDER THE AUTHORITY OF THE STATE OF NH, FIRE MARSHAL (unless local codes are more stringent)

I certify that I inspected the above named Day Program on _____ and on that day found it to be in compliance with the State Fire Codes listed above.

I certify that I inspected the above named Day Program on _____ and on that day found it to be non-compliant with the State Fire Codes listed above.

Items, which are non-compliant:

I certify that I re-inspected the above named Day Program on _____ and on that day found it to be in compliance with the State Fire Codes listed above.

Signature of Inspector: _____ Date: _____
Print Name:
Title/Department:
Additional Information:

White-Health Facilities Administration Yellow-Local Fire Authority Pink-Provider

Preparing For The Review

- Typically you will have 1-2 months to prepare for all certification reviews. Your preparations should include the following:
  - Review the current Digital Record Submission Policy to see what documents need to be gathered and submitted electronically to the surveyor on or before the agreed upon date.
  - Review the current Certification Tool see what the surveyor will be looking for on the date of the site walkthrough, if applicable.
  - All initial and annual reviews will require a site walkthrough.
  - Abbreviated reviews and skip reviews will typically not require a walkthrough. The specifics of these reviews will be discussed shortly.

Abbreviated Reviews

- An abbreviated review can only be earned if the home had 1-3 deficiencies at their last annual inspection.
- The preparation for an abbreviated review is similar to an annual inspection, as you will need to submit the same documents to the surveyor by the agreed upon date. The only difference is that site visits will not typically be completed as part of an abbreviated review.
- Licensed homes and Stand-alone CPS programs are not currently eligible for abbreviated reviews.

Skip Reviews

- A skip review can only be earned if the home had zero deficiencies at their last annual inspection.
- If a home earns a skip review, the agency will receive an email approximately 45 days before the certificate expires, which will include a cover letter, along with several documents referred to in the cover letter, explaining what needs to be submitted and by what date.
- An onsite inspection is not typically part of a skip review.
- Licensed homes and Stand-alone CPS programs are not currently eligible for skip reviews.

Biennial Reviews

- Although biennial reviews (2 years) are no longer an option in homes certified under He-M 1001, they are currently still an option for certain stand-alone CPS programs.
- To earn a biennial inspection, the CPS program must:
  - Must have 50 or fewer certified CPS slots
  - Must have two or fewer deficiencies at their last annual inspection

Residential Information Packet

- This document is completed as part of **all** residential certification inspections (initial, annual, abbreviated, and skip).
- The following information is included in this packet:
  - Individual medication information
  - Staff and home provider information regarding background checks, insurances, etc.
  - Staff and home provider training dates
  - Residence information in regard to smoke detectors, furnace inspections, well water tests, etc.
  - Fire evacuation drills going back to when the home opened (for initial reviews) or back to the last certification inspection for annual, abbreviated, and skip inspections.

CPS Information Packet

- This document is completed as part of **all** CPS certification inspections (initial, annual, and biennial).
- The following information is included in this packet:
  - Individual medication information
  - Staff and home provider information regarding background checks, insurances, etc.
  - Staff and home provider training dates
  - Fire drill information should also be attached to this packet if the CPS site has an approved life safety report and uses the site for activities.

Certification Review Day

- Please ensure that the requested documents have been submitted to the surveyor by the agreed upon day/time.
- If a walkthrough is being completed as part of the review, the surveyor will need to see the individual's bedroom(s), the basement, the attic, and other common areas of the home.
- The smoke detectors will be tested during the majority of walkthroughs
- The surveyor will verify the count for any controlled medications.
- The surveyor may request to review the medication orders for the individual(s).
- The onsite portion of the review typically takes between 15 and 30 minutes.

Residential Document Submission

- Specific to Initial, Annual, and Abbreviated reviews, documents include:
  - Residential Information Packet
  - Background Checks
  - 5-day visits
  - Fire Safety Assessments and fire drills
  - Emergency face sheet
  - Monthly Progress Notes
  - Safety Assessment and plan, if applicable(for unsupervised time)
  - HRC behavior plan approval(s)
  - Annual Health Assessments
  - Annual diet orders, if applicable
  - HRST Monthly Data Tracker
  - Self-administration assessments
  - 3 months of controlled medication logs/counts
  - The list of documents will be increasing in the upcoming months, with advance notice and updated forms sent out at that point.

CPS Document Submission

- Specific to Initial, Annual, and Biennial reviews, documents include:
  - CPS Information Packet
  - Background Checks
  - Fire drills for past year, if applicable
  - For each individual chosen, please submit the following:
    - Current schedule
    - Progress Notes
    - Health Assessments
  - The list of documents will be increasing in the upcoming months, with advance notice and updated forms sent out at that point.

Responding To Deficiencies and Concerns

- All Plans of Correction (POC) are due within 21 days of receipt of results
- The Plan of Correction (POC) must include:
  - How the program corrected or intends to correct the issue(s)
  - The date by which it will be corrected
  - How the program intends to prevent this issue from being repeated
  - Please submit the ENTIRE Plan of Correction when it is complete. Please do **NOT** send it in piecemeal!

Future Reviews

- After your initial certification review, you will receive another review at the end of your first year. For example, if the home or CPS site comes on line on 3/30/2022, our initial visit will happen around late June or early July of this year, and your first annual certification inspection will be scheduled around late February, as your certificate expiration date will be 2/28/2023.
- The certificate for this home will expire on the last day of February going forward

Future Reviews

- Once you have completed your first two full reviews, future reviews will happen as follows:
  - 1-3 person homes, with 3 or fewer deficiencies, are eligible for an abbreviated review without a site visit.
  - 1-3 person homes, with 0 deficiencies are eligible for the "skip" certification process.
  - CPS Programs with less than 50 individuals that receive 2 deficiencies or less are eligible for a biennial review. This requires the agency to complete an internal certification review after 1 year of all the individuals in the program, and to maintain that documentation until the next certification review by our office.
  - All other programs are reviewed annually, regardless of performance.

Renewal / Annual Certification

- You must submit a renewal application at least 60 days prior to your expiration date (120 days for your licensure application, if applicable).

- You will always have two reviews during your first year of operation. Again, future reviews will depend on the size of the home or CPS site, plus the review results.

Review of Licensed Homes

- Review by HFA staff is similar to any other residential inspection, although there are some additional requirements
- A Life Safety Code inspector will conduct random unannounced inspections of licensed homes
- Failure to comply could potentially lead to the oversight agency being fined or having their license revoked.

Additional Tool for Licensed Homes

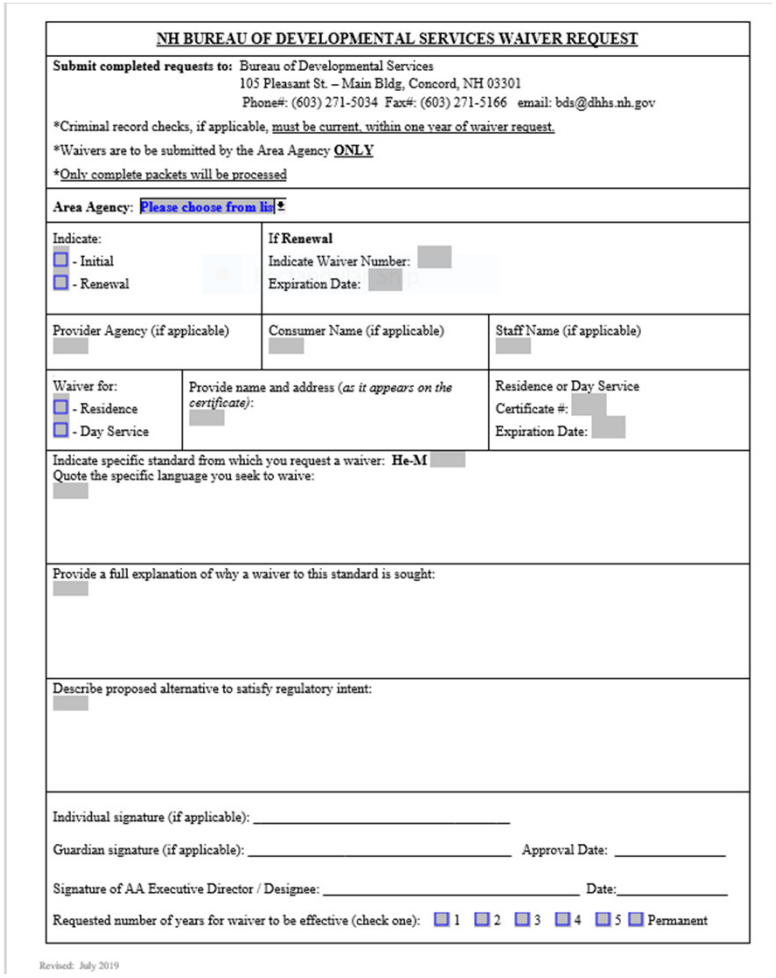
He-P 814 Requirements				
☐ Yes	☐ No		In accordance with RSA 151:20, does the licensee have a written policy setting forth the rights and responsibilities of individuals receiving services at the CR, as well as written procedures to implement its policy to ensure that rights set forth in RSA 151:21, "Patients' Bill of Rights" are upheld **He-P 814.15(b)**	
☐ Yes	☐ No		Does the licensee have, in writing, a written chain of command that sets forth the line of authority for the operation of the CR? **He-P 815.15(i)(3)**	
☐ Yes	☐ No		Has Licensee admitted anyone with a diagnosis of dementia, Alzheimer's disease, or a primary or secondary diagnosis of mental illness? If Yes, have all direct care personnel been trained in the special care needs of individuals with dementia, Alzheimer's disease or mental illness? **He-P 814.15 (o) (1)**	
☐ Yes	☐ No		Are the following posted in a public area? 1. Current license 2. Patients' bill of rights 3. Licensee's policies and procedures 4. Licensee's complaint procedure 5. Licensee's plan for fire safety, evacuation and emergencies. **He-M 814.15(p)(1) through (p)(6)**	
☐ Yes	☐ No	☐ N/A	Are solid waste, garbage & trash stored in a manner to make them inaccessible to insects & rodents, outdoor animals & facility pets? **He-P 814.21 (j)**	
☐ Yes	☐ No	☐ N/A	Are tight fitting screens provided for all doors, windows, or other outside openings that are kept open during the season when flies, mosquitoes and other insects are prevalent? **He-P 814.21 (r)**	
☐ Yes	☐ No		Are all bathrooms equipped with soap dispenser, paper towels or hand drying device, and hot and cold running water? **He-P 814.22 (q)**	
☐ Yes	☐ No		Are all bathroom and closet doors designed for easy opening from the inside and outside in an emergency? **He-P 814.22 (s)**	

☐ Yes	☐ No		Does each Individual have the following: (1) A bed appropriate to the needs of the individual; (2) A firm mattress with cover; (3) A pillow, linens, and blankets; (4) Personal hygiene and grooming equipment such as a comb, toothbrush, and razor; (5) A bureau with mirror (6) A bedside table; (7) A lamp; and (8) An upholstered chair **He-P 814.22 (w)(1-8)**	

Waivers

- There are two categories of waivers, dependent upon the rule(s) you are requesting to waiver, as follows:
  - **BDS** waivers are specific to the He-M rules, such as 1001, 507, and 1201). These waiver requests are submitted to BDS for review and approval.
  - **HFA** waivers are specific to the He-P rules, which in our unit is He-P 814. This rule only applies to those homes that are licensed and have 4 or more individuals living there.
- Both BDS and HFA have their own waiver request form.

Waivers Request Applications



NH BUREAU OF DEVELOPMENTAL SERVICES WAIVER REQUEST

Submit completed requests to: Bureau of Developmental Services
105 Pleasant St. – Main Bldg, Concord, NH 03301
Phone#: (603) 271-5034 Fax#: (603) 271-5166 email: bds@dhhs.nh.gov

*Criminal record checks, if applicable, must be current, within one year of waiver request.

*Waivers are to be submitted by the Area Agency **ONLY**

*Only complete packets will be processed

Area Agency: Please choose from list

Indicate:
- Initial
- Renewal

If **Renewal**
Indicate Waiver Number:
Expiration Date:

Provider Agency (if applicable)

Consumer Name (if applicable)

Staff Name (if applicable)

Waiver for:
- Residence
- Day Service

Provide name and address (*as it appears on the certificate*):

Residence or Day Service
Certificate #:
Expiration Date:

Indicate specific standard from which you request a waiver: **He-M**
Quote the specific language you seek to waive:

Provide a full explanation of why a waiver to this standard is sought:

Describe proposed alternative to satisfy regulatory intent:

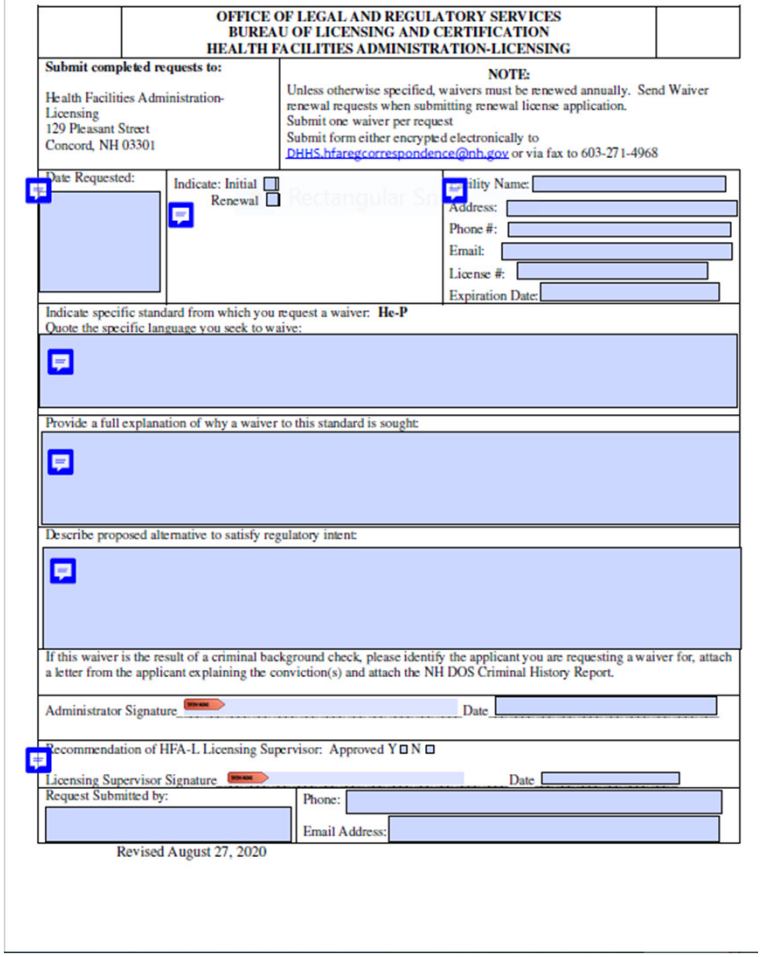
Individual signature (if applicable): _____

Guardian signature (if applicable): _____ Approval Date: _____

Signature of AA Executive Director / Designee: _____ Date: _____

Requested number of years for waiver to be effective (check one): 1 2 3 4 5 Permanent

Revised: July 2019



OFFICE OF LEGAL AND REGULATORY SERVICES
BUREAU OF LICENSING AND CERTIFICATION
HEALTH FACILITIES ADMINISTRATION-LICENSING

Submit completed requests to:

Health Facilities Administration-Licensing
129 Pleasant Street
Concord, NH 03301

NOTE:
Unless otherwise specified, waivers must be renewed annually. Send Waiver renewal requests when submitting renewal license application.
Submit one waiver per request
Submit form either encrypted electronically to DHHS.hfaregcorrespondence@nh.gov or via fax to 603-271-4968

Date Requested:

Indicate: Initial
Renewal

Facility Name:
Address:
Phone #:
Email:
License #:
Expiration Date:

Indicate specific standard from which you request a waiver: **He-P**
Quote the specific language you seek to waive:

Provide a full explanation of why a waiver to this standard is sought:

Describe proposed alternative to satisfy regulatory intent:

If this waiver is the result of a criminal background check, please identify the applicant you are requesting a waiver for, attach a letter from the applicant explaining the conviction(s) and attach the NH DOS Criminal History Report.

Administrator Signature _____ Date _____

Recommendation of HFA-L Licensing Supervisor: Approved Y ☐ N ☐

Licensing Supervisor Signature _____ Date _____

Request Submitted by:

Phone:

Email Address:

Revised August 27, 2020

Certification Assessment Survey

CERTIFICATION ASSESSMENT SURVEY

The staff at the Office of Legal and Regulatory Services, the Bureau of Licensing and Certification invite you to participate in an **optional** assessment of today's Certification Review, and the service delivery system as a whole. If you choose to participate, you may acknowledge who you are or **you may choose to remain anonymous** by omitting any identifying information requested on this form. We thank you in advance for your willingness to help us assess the strengths and weaknesses of the state certification process, and the service delivery system as a whole.

Did you receive ample notice in the scheduling of this review? Who notified you and how?

Do you feel the review was appropriate in terms of time spent at the residence/program?

Was the reviewer courteous, professional and able to provide answers to any questions that were asked?

Are you satisfied with the services the individual(s) receive from the area agency / vendor agency?

Do you feel that there is adequate monitoring of this home/program, excluding the certification review?

Do you feel supported by your area agency or vendor?

Does the individual have any outstanding needs that are not being addressed?

Other comments or suggestions?

Review Date: _____Residence/Program: _____ Surveyor: _____

Signature: _____

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.

Peter E. Bacon
Office of Operation Support
BHI Community Residence
129 Pleasant Street
Concord, NH 03301-3857

Closure Letter

PROGRAM CLOSURE NOTICE

Dear _____:

Please be advised that the _____, Certificate #: _____
(Name of Residence or Day Service)

located at: _____
(Address)

has been closed effective: _____:
(Date)

1. Individual(s) moved to (name of Community Residence and Certificate #):

2. Reason for Closure:

3. Are there any other individuals living in the home? YES NO

4. A copy of this form has been sent to the _____ Fire Department on _____.
(Town/City) (Date)

_____ _____
(Print Name) (Phone #)

_____ _____
(Signature) (Date)

White Copy---- Return to the Office of Operations Support with copy of Current Certificate **Yellow Copy----Send to Local Fire Department** Pink Copy------ Vendor Agency Copy

Revised/Reviewed 12/23/13

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.

Related Information

- **Unannounced Inspections**
- **Scheduling/Canceling Inspections**
- **Appeals / Informal Dispute Resolutions**

Questions?