

Initial Application for License to Operate a Personal Services Agency



Dear Applicant:

This letter instructs the applicant on how to obtain a license to operate a Personal Services Agency. Prior to operating a Personal Services Agency in Indiana, a license must be obtained from the Indiana Department of Health (IDOH). To obtain a license, the applicant must submit to IDOH a completed application on the designated form, supporting documentation and \$250.00 licensure fee, and must be able to show compliance with the licensure statute, [IC 16-27-4](#).

The [Application for License to Operate a Personal Services Agency](#) (State Form 53391) must be completed in its entirety and submitted to the IDOH, along with supporting documents and/or information and the required \$250.00 **non-refundable license application fee (check, cashier's check, or money order) made payable to the Indiana Department of Health**.

Mail the entire application packet, including the payment to the Indiana Department of Health:

Indiana Department of Health
ATTENTION: Cashier's Office
2 North Meridian St, Suite 2-C
Indianapolis, IN 46204

Note: If you drop off an initial application at the front desk, please address the packet to the attention of the **Cashier's office**, as shown above. Do not direct the package to the PSA program.

The application form must be signed and dated by the owner or officer of the applicant's legal entity and the manager of the agency. The individuals signing the application form must be listed on the application.

*A personal services agency's license expires one (1) year after the date of issuance of initial license and the license must be renewed annually. The personal services agency must complete a **"Renewal Application for License to Operate a Personal Services Agency"** application (SF 53591), applicant documentation and a non-refundable licensure fee of \$250.00 for renewal of license. The documentation and licensure fee must be submitted at least 60 days prior, but not sooner than 90 days before the expiration date of the current license.*

If the application is submitted for a Change of Ownership (CHOW) of an existing Personal Services Agency, the application packet, applicable policies/documentation and nonrefundable license fee of \$250.00. The application, documentation and licensure fee must be submitted at least 30 days prior to the effective date of the CHOW. Submit the applicable purchase agreement with buyer/seller signatures, identity of corporation and dba and effective date of transaction.

Submission of the application form and supporting documents within the time frames set out above will avoid expiration of licensure and/or unnecessary delays in obtaining authority to operate a new Personal Services Agency, or to assume control of an existing Personal Services Agency.

Enclosed is a list of required policies/procedures and documentation to be submitted with the initial licensure application.

Review all the Personal Services Agencies State Statute (Law) [IC 16-27-4](#), "[Application for License to Operate a Personal Services Agency](#)" (State Form 53391) and information packet prior to completing and submitting application to the IDOH.

If the provider cannot interpret the State Statute IC-16-27-4 the provider may obtain consultancy for interpretation of the State Statute (Law) IC-16-27-4.

The provider may contact the **Indiana Association for Home & Hospice Care (IAHHC)**, telephone number 317-775-6675 to attend a PSA 101 training class for personal services agencies. The Indiana Association for Home & Hospice Care's (IAHHC) web address is located at www.iahhc.org.

The application will be reviewed in the order received. IDOH receives the application after the payment has been processed through the office of the Cashier. Payment processing can take several weeks from the time the application is mailed until it is received at the Division of Acute Care. Please allow at least 2-3 weeks before emailing to inquire if an application has been received.

Checking the Status of your Submission

The provider may inquire of the status of the application by emailing kbradford@health.in.gov or mpervine@health.in.gov. Include "Status of Initial application" in the subject line. Provide the following information in your email:

- Name of the agency, including city and State of Indiana
 - Your name or the name of the owner/manager
 - Date you mailed the application
 - Confirmation that the payment submitted with the application has been processed by the Cashier's office. You may contact the Cashier's office by calling 317-234-8468.
-
- IDOH **will not** accept repeat inquiries and/or requests for immediate review and approval of the application and licensure due to provider's timelines.
 - IDOH **will review** applications in order received by U.S. mail, drop-off, and/or email.
 - IDOH will contact the provider by email or letter regarding the status of the application once the application has been reviewed.
 - IDOH **will not accept** providers calling or emailing to request immediate review and approval of application and licensure due to provider's timelines.
 - All documentation **must** be received and approved prior to issuing a license.

If you have any questions regarding the application process that are not covered on the [Personal Care Service Agency website](#), you may contact Bobbie Nelson, Program Director at 317-233-7492, or you may send an email with your specific question to bnelson@isdh.in.gov.



Licensure Application

IDOH requests the following information be included with the initial licensure "[Application for License to Operate a Personal Services Agency](#)" (State Form 53391) to facilitate the approval and to process the application.

Licensure Application

- Submit all documentation requested on the licensure application and in this letter. The "[Application for License to Operate a Personal Services Agency](#)" (State Form 53391) is available on the [Personal Service Agency website](#) for the provider to complete the form, print, sign and submit with required policies and documentation. Complete the application and return with the required policies and documentation.

Licensure Fee

- A non-refundable \$250.00 licensure fee made payable to the Indiana Department of Health. Payment may be in the form of a check, cashier's check, or money order. **The cashier's office cannot process electronic payments, including debit/credit cards.**

Agency's Name

- The personal services agency's "**doing business as**" name must comply with the State Statute IC 16-27-1-15. The personal services agency may not advertise as a **home health agency or use the word "HEALTH" or "NURSING" as part of the agency's name.**

Address of the Personal services agency

- The personal services agency **must** have a physical location within the State of Indiana. The provider **may** utilize a home or residential address for the personal services agency.

Branch Offices

- If the parent has an additional branch office that will operate under the parent location, send a separate letter and map with the application. The letter must include the branch name, complete address, county, telephone number and include a statement that the branch is owned and controlled by the parent personal services agency. The letter must indicate the branch is located within a radius of one hundred twenty (120) miles of the parent personal services agency. The branch must be in a location or site from which the personal services agency provides services. A map must be included that shows the branch located within a radius of one hundred twenty (120) miles of the parent personal services agency and must indicate mileage on the map.

Secretary of State (SOS)

- Submit applicable document from the Indiana Secretary of State (SOS). If a limited Partnership, submit a copy of the "Application for Registration" and "Certificate of Registration" signed by the Indiana Secretary of State.
 - If a corporation, submit a copy of the "Articles of Incorporation" and Certificate of Incorporation" signed by the Indiana Secretary of State.



- If applicant is an out of state corporation (foreign corporation), submit a copy of the "Certificate of Authority" to do business in the State of Indiana" signed by the Indiana Secretary of State.
- If a Limited Liability Company, submit a copy of the "Articles of Organization" and the "Certificate of Organization" signed by the Indiana Secretary of State.
- If the "doing business as" (d/b/a) name is different from the corporation's (direct owner) name submit "Certificate of Assumed Business Name" or "Articles of Incorporation" that list the owner and d/b/a name signed by the Indiana Secretary of State.

Internal Revenue Services (IRS)

- Submit a **document from the Internal Revenue Service (IRS)** that reflects the legal entity's name and EIN number. **Do not** send the request form that the provider submits to the IRS requesting an EIN number. **The document must be from the Internal Revenue Services (IRS) that reflects legal name and EIN number.**

Criminal History Checks

Review State statutes IC [16-27-2-3](#), [IC 16-27-2-4](#), [IC 16-27-2-5](#) and [IC 20-26-2-1.5](#) to ensure compliance.

- An expanded or national criminal history check must be conducted on the owners, manager and alternate managers and included in the initial, change of ownership application and a staff change. If there are any changes in owners, officers and managers after receiving the initial license the agency must submit these changes on their agency's letterhead along with applicable criminal history check.
- The agency shall submit a current (within the past 3 months) lifetime expanded or national criminal history report.

Expanded Criminal History Checks

An expanded criminal history report shall contain the results of the search (i.e., no record found, clear; or if a record, the results of the record) and include the requirements of IC 20-26-2-1.5. The agency is responsible to ensure the expanded criminal history reports meets the State statute IC 20-26-2-1.5 and include all the requirements of A-G and lifetime or unlimited search on the report.

Indiana State Police National Criminal History Checks

To received information on how to request a national criminal history check from the Indiana State police, please see the information below:

*Please note if you are completing the Initial Application for License to Operate a personal services agency, you must submit a National or expanded criminal history report. You may utilize the vendor of your choice to obtain either report; however, the information below directs the provider on the steps needed to obtain **a national background report** through the IN-State Police. **DO NOT CONTACT INKLESS if you are a new agency seeking to be licensed. See instructions below:***



If you are a new applicant seeking licensure for a personal services agency and have not yet obtained your license, you will need a national background check. Please follow the steps below in order.

- Please contact the FBI to register for the background check. The telephone number is 304-625-5590 or their email address www.fbi.gov/checks. You must register with the FBI prior to mailing the fingerprint card.
- If you need fingerprint cards, please email your address to msommers@isp.in.gov and they will be mailed to you. Include on the subject line: FINGERPRINT CARD REQUEST
- Review instructions on the card and ask questions if necessary, regarding where to send the fingerprint cards when completed.
- Please make sure the reports are sent back to you (the applicant) when they are completed. The background reports should not be sent to any other agency or individual. Include the results of the background report WITH your initial application.

Policies and Procedures Submission Guidelines

The following policies and procedures are required by IDOH to facilitate the processing and/or approval of the application. IDOH will not issue a license without all required documentation. Review the state statute (law) IC 16-27-4 prior to the development of policies, procedures and prior to completing the licensure application. The agency **must develop policies and procedures** and include the elements of the state statute. **Do not copy and paste the IC Codes** (statutes) and submit as your agency's policies and procedures. Submit the policies in the order shown on **Page 4** of the *Initial application for License to Operate a personal services agency*.

How to review the IC Codes

You may enter the [IC Code](#) (ex: IC 16-27-4-8) into a search engine to review the requirements of the statute before writing your agency's policies.

Identify Policy

Submit all policies and documentation according to IC 16-27-4. **Identify the name of each policy and insert a divider to separate each policy and documentation. Use the correct name of the policy, according to the Statute.** Do not submit additional information not required when writing your policies.

Intermingling Documents and Policies

Do not submit policies that are intermingled with Family and Social Services Administration (FSSA) and/or Indiana Department of Health (IDOH) Home Health Agency (HHA). The Indiana Department of Health and Family Social Services Administration (FSSA)-programs are different agencies and programs that require documentation specific to that agency. The FSSA's waiver policies and documentation are **not to be submitted with IDOH personal services agency's policies and documentation.**



Advertisement

The personal services agency may not advertise as a home health agency. The personal services agency **may not** advertise as a **home health agency** or use the word “health” or “Nursing” as part of the agency’s name.

According to [IC 16-27-1-15](#) Sec. 15. A person who: (1) operates a home health agency; or (2) advertises the operation of a home health agency; that is not licensed commits a **Class A misdemeanor**. The personal services agency’s “doing business as” name must comply with the State Statute IC [16-27-1-15](#).

Medical Care

A personal services agency is a not medical agency and may not provide medical care. Do not include medical language in policies and procedures. The Personal Services Agency’s documentation and policies must comply with State Statute (law) IC 16-27-4.

Name on Policies and Procedures

The name that is listed on the document from the Secretary of State (SOS) should be the name that is on all policies, documentation and the “Application for License to Operate a Personal Services Agency” (State Form 53391), Section II. A **Do not** abbreviate agency’s name on policies and documentation

Policy and Procedure Requirements

Identify the policy by the correct name and heading. Insert divider between each policy to separate policies/procedures from the next. Each policy must be on a separate sheet of paper.

- **Do not send your agency’s handbook as policies and procedures.** Submit policies and procedures applicable to State Statute IC 16-27-4 personal services agency, only.
- Do not submit general policies and procedures that are not specific to the IC (INDIANA CODE) for Personal services agencies.
- General policies not specific to the State code will be rejected.
- Do not submit your policies in a binder or folder.
- Do not enclose policies in sleeves. Do not staple pages together. Do not submit with paper clips.

Submit policies in order. IDOH will not arrange your policies; **each application should arrive in a format that is ready for review.** IDOH will return applications that are submitted in binders, folders, enclosures, and are not in order according to the guidelines for submission. (See below for order of submission).

Listed below is information that must be included in the policies and procedures developed by the agency.



Unstable health conditions ([IC 16-27-4-8](#))

Submit agency's policy and procedure

- Please provide detail on agency's unstable condition procedure in case of a medical emergency

Client satisfaction review ([IC 16-27-4-11](#))

Submit agency's policy and procedure.

Submit agency's client satisfaction review form

- Ensure questions are applicable to determine client's level of satisfaction
- Ensure the question "does the client require a change to his/her service plan?" is included
- Include a place for signature and date of individual conducting review.

Complaint investigations ([IC 16-27-4-13](#))

Submit agency's policy and procedure; provide detailed procedures.

Submit complaint form:

- Include a place for client's name and date.
- Include a place for signature and date of individual receiving complaint.
- Include a place for the narrative of the complaint.
- Include a place for the investigation, resolution, and follow-up/corrective action.

Tuberculosis test (control of communicable disease) ([IC 16-27-4-15](#))

Submit agency's policy and procedure

- Must complete a tuberculosis test in the same manner as required by the IDOH for licensed home health agency employees. Refer to [410 IAC 17-12-1](#) for contents that is required to be in the tuberculosis test for personal services agencies.

Compliance documentation ([IC 27-4-18](#))

Submit agency's policy and procedure

- Include time frame, where and how records will be stored for record retention.

Manager's Responsibilities for day-to-day operations ([IC 16-27-4-9\(a\)](#))

Submit manager's policy and procedure.

Submit job description of the day-to-day responsibilities of the manager.

Evaluation and Training Competency Requirements Procedure ([IC 16-27-4-16](#))

Submit agency's policy and procedure

- Submit procedure on how the provider will evaluate and re-evaluate employee, and to ensure employee is competent to perform the tasks without direct supervision.



- Include how agency will determine competency (i.e., employee must pass written and observation skills test by 85% to determine competency).
- Explain how the employee will be re-evaluated on tasks that deem improvement. Indicate who will conduct the training and to ensure signature and date of the person conducting training and the employee.
- The training will be documented and placed in the employee's file.

Submit a copy of the training (i.e., PSA attendant care written competency test and observation skills test).

A copy of the agency's service plan policy/procedure ([IC 16-27-4-10](#))

Submit agency's policy and procedure

- Review to ensure no medical language is the policy and procedure.

Submit agency's service plan form that is provided to the client:

- Include a place for the client's name and date.
- Include start date of service.
- Include signature and date of client or representative and agency's manager or designee.
- Include detailed services provided (i.e., assistance with bathing, dressing/undressing, transfer).
- Review to ensure no medical language is on the service plan form.
- Include clients right to temporarily suspend, permanently terminate, temporarily add, or permanently add any services.

Submit client's visit record:

- Include a place for the client's name.
- Include dates of service.
- Include services provided.
- Include signature of client and employee.
- Review to ensure no medical language is on the service plan form.

Client Rights Statement Procedure ([IC 16-27-4-12](#))

Submit agency's policy and procedure

- List the Individual Rights, according to the IC Code shown above
- Ensure the Clients rights form is signed and dated by both the Client and the agency's manager.

