

**HOME CARE AGENCY LICENSE APPLICATION
OFFICE OF HEALTH CARE ASSURANCE
STATE OF HAWAII, DEPARTMENT OF HEALTH**

REQUIREMENTS AND INSTRUCTIONS

Access this form via website at: <http://health.hawaii.gov/ohca/state-licensing-section/hcal/>

Read through this entire document before completing the application.

DEFINITIONS

"Administrator" means the person who is responsible for the management of the home care agency.

"Home care agency" means a public or proprietary agency, a private, nonprofit organization, or a subdivision of an agency or organization, engaged in providing personal care services or homemaker services to clients in the client's temporary or permanent place of residence. Home care agency does not include organizations that provide only housecleaning services, nor does it apply to an individual, including an individual who is incorporated as a business, or is an unpaid or stipended volunteer.

"Homemaker" means an individual who has had experience or training in the performance of homemaker services.

"Personal care aide" means a person who has successfully completed the basic nurse aide course in a state-approved nurse aide training program or an equivalent course or has successfully completed coursework which qualifies a person as a certified or licensed health care professional.

"Supervisor" means an individual with a minimum of two years of experience or training in the home care industry or industry closely related to personal care or homemaker services, or who possesses a professional license such as a registered nurse, licensed practical nurse, social worker, physical therapist, or occupational therapist. The supervisor may also be the administrator. The supervisor shall not be a client's case manager.

APPLICATION

Complete the online fillable Home Care Agency application form or print legibly and sign the application.

Submit the COMPLETED application and supporting documents as hardcopies to:

Office of Health Care Assurance, State Licensing Section
State of Hawaii, Department of Health
601 Kamokila Boulevard, Room 361, Kapolei, Hawaii 96707

LICENSE FEE

After the Home Care Application is processed and prior to issuance of a Home Care Agency license, the agency/organization shall pay Hawaii Department of Health an initial licensure fee of \$1,200 paid by corporate check, bank or other financial institution check, or money order made payable to the "State of Hawaii, Office of Health Care Assurance Special Fund", in accordance with Chapter 103, Hawaii Administrative Rules, "Licensure and Certification Fees for Health Care Facilities and Agencies".

The Office of Health Care Assurance will inform the applying agency/organization to submit the licensing fee payment.

If you have any questions regarding the licensure process, refer to <http://health.hawaii.gov/ohca/state-licensing-section/hcal/> or email us at DOH.OHCALicensing@doh.hawaii.gov or call the Office of Health Care Assurance on Oahu at (808) 692-7400. Office hours are from 7:45 a.m. through 4:30 p.m., Monday to Friday, excluding state holidays.

APPLICATION FOR LICENSE

HOME CARE AGENCY

Access this form via website at: <http://health.hawaii.gov/ohca/state-licensing-section/hcal/>

Name of Agency / Organization (if individual, First Middle & Last Name):		FOR OFFICE USE ONLY	<input type="checkbox"/> Approved	Initials & Date:
Trade Name / DBA (if any):			Effective Date:	License No. HCA -
Phone Number (day):	Fax Number:			
Agency / Organization Website:				
Business Address (Street address, City, State, Zip Code):		Mailing Address (if different from business):		

OWNER(S) AND MEMBERS OF THE GOVERNING BODY
(attach separate page if needed)

Name of Owner(s) and Name of Members of the Governing Body	Title / Position (Owner, President, Vice President, Treasurer, Secretary, etc.)

ADMINISTRATOR

Name of Administrator (attach list of qualifications): Hawaii Professional Lic. No. (if any)	Email Address:
	Emergency Phone Number:

SUPERVISOR(S)

1a. Name of Supervisor (attach list of qualifications): Hawaii Professional Lic. No. (if any)	2a. Name of Supervisor (attach list of qualifications): Hawaii Professional Lic. No. (if any)
1b. Email Address:	2b. Email Address:
1c. Phone Number (day):	2c. Phone Number (day):
1d. Emergency Phone Number:	2d. Emergency Phone Number:
1e. Fax Number:	2e. Fax Number

I have read and attest that all documents submitted with the application are valid and truthful. I have read and shall comply with the Home Care Agency ("HCA") rules and regulations, Chapter 11-700, Hawaii Administrative Rules.

SIGNATURE OF APPLICANT

TITLE

DATE

GEOGRAPHIC SERVICE AREA FOR LICENSE

HOME CARE AGENCY

Access this form via website at: <http://health.hawaii.gov/ohca/state-licensing-section/hcal/>

§11-700-4 (b) License, "...The application shall identify the name of the agency, the street address of the agency, the geographic service area, ...and any other information required by the department to determine the suitability of the agency to be licensed.

FOR OFFICE USE ONLY

Name of Agency / Organization (if individual, First Middle & Last Name):	
Trade Name / DBA (if any):	Phone Number (day): Fax Number:

GEOGRAPHIC AREAS (*Instructions:* If an entire island is to be served, mark the Island Name ONLY. Or, if only specific areas on an island will be served, mark the specific area or areas.)

HAWAII

- Hilo Papaikou / Pepeekeo / Honomu / Hakalau / Ninole / Papaaloa / Laupahoehoe
- Honokaa / Hamakua Ookala / Paauilo / Paauhau / Haina / Kukuihaele
- Kamuela / Kohala / Waikoloa Halaula / Kapaau / Hawi / Kawaihae
- Kona Keahole / Kailua-Kona / Holualoa / Keauhou / Kealakekua / Captain Cook / Honaunau
- Ka'u Ocean View / Naalehu / Pahala
- Puna Hawaii Volcanoes National Park / Volcano / Mountain View / Kurtistown / Keaa / Pahoa / Kapoho

OAHU

- Ewa Makakilo / Kapolei / Barber's Point / Ewa Beach
- Waipahu to Aiea Waikele / Waipio / Pearl City
- Halawa to Kalihi Aliamanu / Salt Lake / Moanalua / Mapunapuna / Kapalama / Palama / Sand Island / Iwilei / Pearl Harbor
- Downtown Nuuanu / Pauoa / Makiki-Kapiolani / Ala Moana
- Manoa to Kahala McCully / Moiliili / Waikiki / Kapahulu / Kaimuki / Waialae / Palolo
- Aina Haina to Hawaii Kai From Wailupe
- Waimanalo / Kailua
- Kaneohe to Kualoa Kahaluu / Waiahole / Waiakane
- Kaaawa to Kahuku Punaluu / Hauula / Laie / Kuilima
- North Shore Sunset Beach to Mokuleia / Waimea / Haleiwa / Waialua
- Wahiawa / Kunia / Mililani
- Waianae Coast From Kaena Point to Kahe Point / Nanakuli / Maili / Waianae / Makaha

GEOGRAPHIC SERVICE AREA FOR LICENSE (CONTINUED)
HOME CARE AGENCY

Access this form via website at: <http://health.hawaii.gov/ohca/state-licensing-section/hcal/>

§11-700-4 (b) **License**, "...The application shall identify the name of the agency, the street address of the agency, the geographic service area, ...and any other information required by the department to determine the suitability of the agency to be licensed.

Name of Agency / Organization (if individual, First Middle & Last Name):	FOR OFFICE USE ONLY	
Trade Name / DBA (if any):	Phone Number (day):	
	Fax Number:	

GEOGRAPHIC AREAS (Instructions: If an entire island is to be served, mark the Island Name ONLY. Or, if only specific areas on an island will be served, mark the specific area or areas.)

MOLOKAI

- Kaunakakai Maunaloa / Hoolehua / Kualapuu
- Kalaupapa

KAUAI

- Lihue Hanamaulu
- Kapaa Wailua / Kealia / Anahola
- Hanalei Kilauea / Princeville / Haena
- Waimea Kokee / Kekaha / Kaumakani / Hanapepe / Eleele / Port Allen / Kalaheo
- Koloa Lawai / Omao

MAUI

- Wailuku / Kahului Puunene / Paukukalo / Waiehu / Waihee
- Lahaina
- Maalea / Kihei / Wailea
- Hana
- Makawao Pukalani / Hailimaile / Haiku / Paia
- Kula

LANAI

**APPLICATION CHECKLIST FOR LICENSE
HOME CARE AGENCY**

Access this form via website at: <http://health.hawaii.gov/ohca/state-licensing-section/hcal/>

INSTRUCTIONS: Use this checklist to identify all the documents submitted with the Home Care Agency license application form, and submit this checklist with the application form and documents. Keep a copy for your records; this checklist along with all documents will be retained by the Office of Health Care Assurance.

Name of Agency / Organization (if individual, First Middle & Last Name):	FOR OFFICE USE ONLY
Trade Name / DBA (if any):	
Phone Number (day):	Fax Number:

SUPPORTING DOCUMENTS & CHECKLIST

	FOR OFFICE USE ONLY	
	Date Received:	Comment(s):
<input type="checkbox"/> Application Form		
<input type="checkbox"/> General Excise Tax Clearance – (http://tax.hawaii.gov/) State of Hawaii, Dept. of Taxation		
<input type="checkbox"/> Certificate of Good Standing – (http://cca.hawaii.gov/breg/) State of Hawaii, Dept. of Commerce & Consumer Affairs		
<input type="checkbox"/> Agency Marketing Brochure or Client Services Brochure		
<input type="checkbox"/> Client Services Contract and Description of Services		
<input type="checkbox"/> Owner(s) and Governing Body		
<input type="checkbox"/> Administrator Qualifications		
<input type="checkbox"/> Supervisor Qualifications		
<input type="checkbox"/> Policy and Procedures Manual: HAR §11-700-8		
<input type="checkbox"/> Scope of Services to be Offered		
<input type="checkbox"/> Geographical Service Area		
<input type="checkbox"/> Provisions to Prohibit Discrimination of Clients		
<input type="checkbox"/> Service Plan Development, Update, & Training		
<input type="checkbox"/> Client Records		
<input type="checkbox"/> Employee Orientation and Training		
<input type="checkbox"/> Administration and Standards: HAR §11-700-9		
<input type="checkbox"/> Job Descriptions and/or Qualifications		
<input type="checkbox"/> Human Resources Policies & Training		
<input type="checkbox"/> Tuberculosis (TB) – Pre-Hire Employee(s) and/or Volunteer(s)		
<input type="checkbox"/> Background Check Clearance including Fieldprint Determination Pre-Hire Employee(s) and/or Volunteer(s)		
<input type="checkbox"/> Procedure to Maintain Personnel Records		
<input type="checkbox"/> Procedure to Maintain Client Records		
<input type="checkbox"/> Confidentiality of Client Information / Records Policy		