

Licensure and Certification of Health Care Entities

The Health Facilities and Emergency Medical Services Division (hereinafter "Division") inspects health care entities for compliance with regulatory and statutory requirements for state licensure and Medicare/Medicaid certification.

State Licensure

State law specifies the types of health care entities that must be licensed prior to providing services in the state.

Table 1, below, shows the health care entities licensed by the Division.

The Division issues licenses for the operation of health care entities in accordance with Sections 25-1.5-103 and 25-3-101, C.R.S., et. seq.; with the exception of assisted living residences, that are also subject to Section 25-27-101, C.R.S., et. seq., and home care agencies that are subject to Section 25-27.5-101, C.R.S., et seq. Licenses are renewed annually, except for facilities for the developmentally disabled that are licensed biennially. The goal of licensing is to ensure that health care entities meet minimum standards of services and quality in compliance with state law and regulations.

Health care entities are required to pay non-refundable fees specific to the provider type. Publicly owned health care entities are not required to pay licensing fees.

Medicare/Medicaid Certification

Health care entities interested in serving Medicare/Medicaid clients must be federally certified. The goal of certification is to measure the provider's ability to deliver care that is safe and adequate, in accordance with state and federal law and regulations. *Table 1, below, identifies the health care entities inspected by the Division for Medicare/Medicaid certification.*

Medicare Certification for Certain Providers

There are many providers, including but not limited to physicians, clinical social workers, and therapists in private practice who are not listed in Table 1 because their Medicare certification is not handled by the Division. Such providers must initiate certification by completing an [8551](#) and submitting the application to the appropriate Medicare fee-for-service contractor for Colorado. ([Click here](#) for a list of contractors.)

The federal Centers for Medicare and Medicaid Services (CMS) delegates through contracts the responsibility for the inspection and/or certification of providers and suppliers to several agencies. The Division is one of the designated contractors for inspections in Colorado. Generally, the Division inspects entities for compliance with federal standards and then makes recommendations to CMS regarding certification. However, for entities that participate in Medicaid programs but do not serve the Medicare population, the Division makes the recommendation to the Colorado Department of Health Care Policy and Financing, which in turn determines whether or not to certify the provider.

Application for Licensure/Certification

If you are interested in applying for licensure or for Medicare/Medicaid certification, send [a letter of intent](#) to the following address:

CDPHE, HFEMSD-A2
Attention: Licensure/Certification Application
4300 Cherry Creek Drive South
Denver CO 80246-1530

Additional Information. For questions about obtaining:

- *licensure*, call the Licensure Customer Assistance Line during regular business hours at 303-692-2836 or e-mail your questions to health.facilities@state.co.us.
- *Medicare certification*, ask about the specific health care entity when you call the Division's front desk at 303-692-2800
- *Medicaid certification*, access the Colorado Department of Health Care Policy and Financing [website](#) regarding Medicaid provider enrollment

Table 1 indicates the provider types that a) must be licensed by the state prior to providing services and b) are surveyed by the Division for the purposes of Medicare or Medicaid certification.

TABLE 1. HEALTH CARE ENTITIES REGULATED BY THE DIVISION			
Health care entity type	State licensure required?	Does the Division conduct surveys for:	
		Medicare certification?	Medicaid certification?
Acute treatment unit	Yes ¹	No	No
Ambulatory surgical center	Yes	Yes	No
Assisted living residence			
Private pay facility	Yes	No	No
Alternative care facilities	Yes	No	Yes
Residential treatment facility (RTF) - Adult	Yes ²	No	No
Birth center	Yes	No	No
Chiropractic center and hospital	Yes	No	No
Clinic			
Community clinic/community clinic with emergency center	Yes	No ³	No ³
Mental health center	Yes	No	No ⁴
Rural health clinic	No	Yes ⁵	No
Comprehensive outpatient rehabilitation facility	No	Yes	Yes
Convalescent center	Yes	No	No
Developmentally disabled (DD) facility			
Community residential home/group home	Yes	Yes	Yes ⁶
Intermediate care facility (ICF/DD)	Yes	Yes	No
Dialysis treatment clinic (also End stage renal dialysis)	Yes	Yes	No

¹ ATUs are subject to program approval by the Department of Human Services.

² ALR-RTFs are subject to program approval by the Department of Human Services.

³ Community clinics may be certified as rural health clinics and may also be Medicare/Medicaid approved by CMS as provider based.

⁴ Mental health center certification inspections are conducted by the state Department of Human Services.

⁵ Rural health clinics may also be approved by CMS as provider based.

⁶ DD group home certification inspections are conducted by both the Colorado Department of Public Health and Environment and the Department of Human Services (DHS). Program approvals are conducted by DHS.

TABLE 1. HEALTH CARE ENTITIES REGULATED BY THE DIVISION

Health care entity type	State licensure required?	Does the Division conduct surveys for:	
		Medicare certification?	Medicaid certification?
Health maintenance organization	Yes ⁷	No ⁸	No ⁹
Home and community based services (HCBS)	<i>Note: The following HCBS programs do <u>not</u> need to be licensed as a home care agency.</i>		
Adult day – Brain injury	No	No	Yes
Adult Day – Elderly, blind and disabled; Mentally Ill and Persons living with Aids	No	No	Yes
Behavioral programming <i>{conducted outside of the consumer's home}</i>	No	No	Yes
Children with autism services <i>{conducted outside of the patient's home}</i>	No	No	Yes
Day treatment – Brain injury	No	No	Yes
Home care agency			
Medical: agencies with nursing and one other skilled service (e.g., CNA, PT, OT, ST or SW)	Yes	Yes	Yes
Medical: agencies that have skilled service(s) but do not have nursing	Yes	No	No
Non-medical home care services	Yes	No	Yes ¹⁰
Outpatient rehabilitation services: physical therapy, speech pathology services <i>(provided in consumer's home and not certified)</i>	Yes	No	No
Behavioral programming <i>(in consumer's home)</i>	Yes	No	Yes
Children with autism services <i>(in consumer's home)</i>	Yes	No	Yes
Home care placement agency	No ¹¹	No	No
Hospice	Yes	Yes	Yes
Hospital			

⁷ The Division of Insurance, within the state Department of Regulatory Agencies, licenses HMOs. As part of the licensure process, the Colorado Department of Public Health and Environment is responsible for determining that HMOs meet certain minimum quality care standards.

⁸ Medicare Advantage services are certified by the Centers for Medicare and Medicaid Services (CMS).

⁹ Medicaid services are certified by the state Department of Health Care Policy and Financing.

¹⁰ Non-Medical Home Care Agencies include two programs that can be certified by the Home and Community Based Services (HCBS) Medicaid waiver, specifically: 1) Personal Care/Homemaker – Elderly, Blind and Disabled; Mentally Ill and Persons Living with AIDs; Brain Injury; and 2) In Home Support Services (IHSS) – Elderly, Blind and Disabled.

¹¹ Although home care placement agencies are not subject to licensure, they are required to register with the Department.

TABLE 1. HEALTH CARE ENTITIES REGULATED BY THE DIVISION

Health care entity type	State licensure required?	Does the Division conduct surveys for:	
		Medicare certification?	Medicaid certification?
Critical access	Yes ¹²	Yes	Yes
General/Short term	Yes	Yes	Yes
Long-term care	Yes ¹³	Yes	Yes
Maternity	Yes	No	No
Psychiatric	Yes	Yes ¹⁴	Yes ¹⁴
Rehabilitation	Yes	Yes	Yes
Hospital unit	Yes	Yes ¹⁵	Yes ¹⁵
Nursing home			
Long-term care facility	Yes	Yes	Yes
Transitional care unit (aka Extended care facility)	Yes	Yes	Yes
Outpatient rehabilitation services: physical therapy, speech pathology services <i>(not provided in consumer's home and not licensed as and home care agency)</i>	No	Yes	Yes
Portable x-ray services	No	Yes	Yes
Psychiatric residential treatment facility - pediatrics	No	Yes	Yes

¹² Critical access hospitals are licensed as general hospitals and federally certified as critical access hospitals.

¹³ Long term care hospitals are licensed as general hospitals and federally certified as long term care hospitals.

¹⁴ Psychiatric hospitals are Medicare/Medicaid certified through a two-step process, as follows. Step 1: certification as an acute care hospital – the survey is conducted by state surveyors from the Health Facilities and Emergency Medical Services Division. Step 2: certification as a psychiatric hospital – the survey is arranged by CMS and scheduled at least 6 months after the acute care hospital certification.

¹⁵ Hospital units may Medicare/Medicaid approved by CMS as provider based.